

IDENTIFICATION OF FACTORS
INFLUENCING CHILDREN'S LENGTH OF STAY IN CARE

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I declare that the composition of
this thesis is entirely my own.

P. J. Aldgate

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Abstract

Chapter 1 traces the development of substitute care for Scottish children deprived of a normal home life, placing particular emphasis on the development of the boarding out system during the latter half of the nineteenth century.

Chapter 2 reviews the relevant research on children in substitute care, drawing attention to the wealth of evidence on the effects of separation, the different types of care on a child's well-being and on the role of foster parents. It draws attention to the little research which has been done on the contribution of natural parents to the rehabilitation of children in care.

Chapter 3 sets out the aims of the study, to identify factors influencing children's stay in long term voluntary local authority care, and indicates five main areas for evaluation:

1. The social circumstances that brought children into care.
2. Children's circumstances before and during care.
3. The part played by natural parents at reception into care and during the placement.
4. The contribution made by those looking after the children in care.
5. The activity of the agency.

Long term care is defined as a period of not less than twelve weeks. The chapter describes how the study compares a sample of children currently in care for at least this length of time with another group who had also been in care for not less than three months but who had returned to their parents. The second half of the chapter describes how the sample was drawn from two study Social Work Departments, how

information was gained from three sources: interviews, case files and postal questionnaires. There is discussion of how it was decided to evaluate the sample on a family basis and the difficulties involved in obtaining data from three sources where some participants were not available for interview. Finally the chapter describes the statistical analysis used in the study.

The main findings of the study are discussed in Chapters 4 to 8. Chapter 4 investigates the influences of reason for care and the social background of families at reception into care on children's stay in care. The conclusion is reached that families whose children were received into care for reasons of homelessness, unsatisfactory home conditions or short term illness, were likely to be reunited more quickly than children who had been received into care because of their mother's desertion, because they were illegitimate or their mothers were suffering from long term psychiatric illness. The chapter shows how parental relationships, the age of the mother at reception into care, the income of families, their accommodation, the size of the family and the relationship between siblings, all contributed to children's stay in care.

Chapter 5 investigates the meaning of the experience of reception into care for both parents and caretakers. The involvement of natural parents from the point of their referral to the Social Work Department to the day their children were received into care, is examined. The theoretical importance attached to preparation for care is contrasted with the attitudes and experiences of natural parents and caretakers. There is consideration of parental emotions at reception into care. The chapter concludes that parental functioning at reception into

care may not be representative of normal parental capacities and that it is unwise to regard the involvement of natural parents at this time as a predictive factor indicating for or against rehabilitation.

Chapter 6 continues the evaluation of the involvement of parents during the placement and establishes that frequent contact between parents and children was a significant factor indicating for children's return from care.

The second part of the chapter uses material gained from interviews with natural parents to investigate factors which may facilitate or hinder contact between parents and children. These included the reason for care, parental motivation, distance, age of children, early social work encouragement, the type of home and the attitude of caretakers towards parents.

Chapter 7 considers variables within the placement which may contribute to children's stay in care, including the use made of foster homes and children's homes. Irrespective of the type of placement, it is concluded that, after a separation of two years, the chances of children's return to their families may be substantially reduced.

The second part of the chapter establishes considerable agreement between the expressed attitudes of caretakers to parents and those perceived by parents. Factors influencing the attitudes of caretakers are examined, including the length of a child's stay in the placement and contact between children and parents. It was found that foster parents and houseparents held very different attitudes to parents.

The third part of the chapter attempts to account for these

differences in terms of role perceptions, examining motivation, attitudes to voluntary care, adoption, children's assimilation into the caretaking family and children's need for self-knowledge.

The fourth part of the chapter considers the influence of social work activity on the child's well-being and the attitudes of caretakers and concludes the social work activity in relation to these factors was peripheral. Although social workers did not collude with the negative attitudes of caretakers to natural families, their passivity seemed to reinforce these attitudes.

Chapter 8 examines the influence of social work activity with natural parents on children's stay in care. The chapter shows that the intensity of ongoing contact between social workers and parents was a significant factor in indicating for the return of children from care. The type of social work activity offered to natural parents is outlined with the exception of practical support, no one type of activity was significant in indicating for the return of children from care. There is consideration of the considerable social work passivity towards natural parents and the implications this had for the outcome of care.

The second part of the chapter contrasts social workers' perceptions of activity with those given by natural parents. It is shown that although there were similarities between the types of activity cited by these two groups there were considerable differences in the way social workers and natural parents saw the social work task. Client dissatisfaction was expressed when expectations of receiving material aid were unmet, when social workers were insensitive to parental needs or were seen as child snatchers. Satisfaction came

from the provision of practical support, sometimes emotional support, social work consistency, sensitivity and efficiency.

The chapter concludes that social workers may need to take more initiative in working with the parents of children in care and to give greater consideration to sociological as well as psychological factors within the dynamics of natural families.

Chapter 9 summarises the major findings of the study and discusses the implications for practice. These include the need for more emphasis on primary prevention, constructive social work activity immediately after separation, consideration of the type of placement which will facilitate return from care and consistent attempts from social workers to involve natural parents in the lives of their children while they are in care.

Chapter 1

The development of substitute care for children in Scotland

Introduction

Although the Scottish provision of substitute care for children deprived of a normal home life dates from the sixteenth century, it did not develop on any organised scale until the mid-nineteenth century. Generally, however, the aim of successive pieces of legislation has been to improve the lot of orphaned and neglected children. Although the present day unified social service is very different from the more haphazard parochial care that existed before the twentieth century, there have been several long standing principles relating to care of the poor which have dominated the progress of Scottish Poor Laws. Not only have these principles affected the relief offered to adults but they have had a major influence on the direction followed by the provision of substitute care for children.

From the time of the earliest legislation until the beginning of the twentieth century, it was the aim of the Scottish Poor Laws to give relief only to those who were considered unable to provide for themselves. These included children, the old, the mentally sick and the physically sick. No relief was given to the able bodied adult poor, however deserving their plight might be. Designed for the 'honest' poor, the Scottish poorhouses before the nineteenth century were far more congenial places than their English counterparts. In spite of this, the Scots have always had an aversion to institutions which took away their independence and gave very little in return.¹ As early as 1733, the 'confinement' of institutions was condemned,² and even in the building of poorhouses to provide employment for the

vagrant poor, it was stressed that 'there should be a large close sufficiently enclosed that the poor people might not be compelled to stay indoors to the hurt and hazard of their health.'³

During the second half of the nineteenth century, in the interest of economy there were consistent attempts to reduce the growing number of paupers by increasing the use of poorhouses as a 'test' of eligibility for relief. Although these methods had some success, the aversion to institutions remained and relief continued to be mainly outdoor⁴. In the case of the adult poor, the principle of economy fortunately did not always override other considerations⁵. Opposition was not so vocal in the case of pauper children. It was more by happy accident than design that the principle of economy led to the development of an 'outdoor' system which was more beneficial than its 'indoor' alternatives. There is little doubt that the growth of the boarding out system during the latter half of the nineteenth century was due in part to the fact that it cost less than other systems. Children brought up under the influence of foster parents, it was argued, would also be less likely to make further demands on the parish in adult life than their counterparts in poorhouses⁶.

Another factor which has affected the fate of children under the Poor Law has been the emphasis in Scottish history on the importance of education. As early as 1633 the establishment of parish schools was authorised under the direction of the Bishops. These gentlemen lost their authority when Charles I lost his head, and the powerful Reformed Church never let them reclaim it again.⁷ In the nineteenth century the concern for education, both religious and secular, permeated the Poor Laws, with resulting beneficial effects

to children. The 1845 Poor Law Act established that 'the duty of aliment involved the duty of education.'⁸ This was not only formal education but the religious and moral education of family life, which produced respectable and useful citizens.

All sections of society benefitted from Scottish education, particularly after the 1872 Education Act, which provided financial support for impoverished children whose parents could not afford to pay for schooling. At the time the Scots were far ahead of the English in this respect. It is little wonder that in 1880 Macaulay wrote:

It began to be evident that the common people of Scotland were superior in intelligence to the common people of other countries in Europe and this wonderful change is attributed principally to the national system of education.⁹

Legislation affecting children prior to 1845.

Broadly speaking, the Scottish legislation affecting children may be divided into three periods; the first from 1424 to 1845, the second from 1845 to 1948 and the third from 1948 to the present day.

Although the first Poor Law Act in 1424 licensed children to beg, the earliest legislation which made provision for poor and needy children was the Act of 1597 'for the punishment of strong and idle beggars and the relief of the poor and impotent.'¹⁰

Defining a child as one between the ages of five and fourteen, the law enacted that 'if any subject of honest estate' took a liking to a 'beggar's bairn', he should take the child into his service until the age of twenty-four if it was a boy or eighteen if it was a girl.¹¹

Although this seems to be a form of legalised, and no doubt

profitable slavery, rather than a predecessor to our present day concept of foster care, it is interesting that, at this early date, the law sanctioned the handing over of the permanent care of a child to the control of an honest citizen to whom he was not related.

A further short Act of 1597 ratified the previous law but extended the 'apprenticeship' to life. In 1617 this was reduced to thirty years. Although there are one or two examples of such apprenticeships being used, on the whole it is probable that the measures were considered too severe to be widely implemented. As a result the 'maisterful' beggar, and his bairns too no doubt, continued to increase and flourish.

By the seventeenth century, it was recognised that parishes had a responsibility to provide some form of care for orphaned and deserted children; and that begging might not be the best foundation on which to rear children as they might well 'contract such custom and habit that hardly they can be drawn thereafter to any other calling.'¹² To remedy the situation in a way which would be 'profitable to the Commonwealth', it was suggested that correction houses should be built for adults. An example of such a house was St. Paul's Work established in Edinburgh in 1626.¹³ It was further suggested that the burden of maintaining poor children might be taken over by some of 'His Majesty's well affected subjects' who would 'receive' children within their homes and families and take upon themselves their 'care, entertainment and education.'¹⁴ Except for orphans, the parents' consent had to be obtained for children under fourteen. If a young person was over fourteen years of age, he had to give his own consent.

At first glance this Act of 1617 seems to pay enlightened

attention to the importance of education and the rights of parents, but the advantage was very much on the side of the citizen who took over the care of the child, since such a master had possession of his charge until the age of thirty. The child was in the position of a slave, his earnings were taken by his master and any attempt to run away or disobey orders could result in 'severe bodily punishment... life and torture excepted.'¹⁵

During the seventeenth century, further Acts were passed 'anent the poor' including the setting up of manufacturies 'that strong beggars and their bairns be employed in common works, and that they shall continue servants therein during their lifetimes.'¹⁶

These Acts were very oppressive and were aimed mainly at the idle and vagabond poor. After 1689, there were no more harsh laws, presumably since their enforcement had proved so unsuccessful. Legislation ceased for one hundred and sixty years until the 1845 Poor Law Act.

Provision for children prior to 1845.

It is rather difficult to trace the exact provision for children needing substitute care before 1845 because of the lack of records. From the few records available, certain general points can be made.

It seems likely that most families in need of help before the nineteenth century turned to their relatives and neighbours for support as frequently happens today. Before the final dissolution of the clan system after 1745, it is possible that children deprived of their parents would have been absorbed into the large rural communities of extended families; others who could find no means of support turned to the parish and would have received help from church

collections made for this purpose. Within this arrangement of informal and formal relief grew up the boarding out system. At first, it must have been extremely haphazard with many variations within the scope of its use. The main burden of help would probably have fallen on relatives, and it is significant that during the nineteenth century, as the boarding out system became ~~more~~ organised, there was a distinct fall in the number of children boarded out with relatives in favour of a corresponding increase of foster parents who were strangers.¹⁷

During the eighteenth century, the problem of providing relief was more acute in the towns than in the country, possibly because of the lack of relatives on whom families could depend and the lessening of ties of community responsibility in areas where there was a newly-settled population. For children in these areas, who had no friends or relatives to turn to, or whose parents could not support themselves, there was refuge in the towns' hospitals or poorhouses.

Ferguson indicates that these grew up to offset the harsh measures of the sixteenth and seventeenth centuries.¹⁸ Originally, they had been provided for the honest young and aged poor, but later, as begging increased, they strove to provide employment for all including the young who would otherwise have had to start begging to earn their daily bread. The hospitals aimed at 'profitable employment, virtuous education and frugal maintenance of their inmates.'¹⁹

Some had been in existence since the thirteenth century. In 1200, St. Peter's Hospital was founded in Aberdeen,²⁰ in 1462, Trinity Hospital was opened in Edinburgh²¹ and in 1733 the Town's Hospital, Glasgow was built. The latter was described as being 'more like a palace than a habitation for necessitous old people and children.'²²

This is just one example of the attempt to make institutional care at this time as comfortable as possible. By late twentieth century standards however, life in the hospitals was very spartan, with a strict routine, a rigorous diet and a constant emphasis on moral and religious improvement. Both orphaned and deserted children and 'honest and impotent' families would be relieved in the hospitals. Apart from these municipal hospitals, later in the eighteenth and nineteenth centuries, hospitals came to include charitable institutions for the relief of specific classes of children. Muirhead's Hospital was founded in 1753, for 'the maintenance and education of destitute orphans.'²³ Daniel Stewart's in Edinburgh was founded in 1814 'for the relief and education, first of poor boys of the name of Stewart; next for the poor boys of the name of Macfarlane; and after them, poor boys in general.'²⁴

For children who were not relieved in the hospitals, there were other alternatives. These included apprenticeship, as we have seen, and employment in mills like the one owned by Robert Owen in New Lanark.²⁵ Other children might find their way into voluntary orphanages like the Dean Orphanage, Edinburgh. For the rest, there were the newly established poorhouses, erected to meet the needs of the major towns in the eighteenth and nineteenth centuries. The relief of children in these places was similar to that given in hospitals, but in the latter, children would probably have had a better chance of being separated from the old and sick. Some poorhouses did employ a policy of separation like the Charity Workhouse, Edinburgh, founded in 1743.²⁶

By 1837, there were active poorhouses in only three areas of Scotland; Edinburgh, Paisley and Glasgow.²⁷ The poorer country

parishes could not afford to build them, and where they were built, they were most unpopular. It was from within the walls of these 'indoor' institutions that the boarding out of children from the towns began.

Early boarding out from the towns.

The practice of boarding out developed in different ways in the towns and rural areas in the seventeenth and eighteenth centuries. In both places however, it is evident that boarding out was seen mainly as a temporary measure. If a child did stay for any length of time with his foster parents, it would be much more of an apprenticeship or a position of servitude, with the child paying many times over with his labour for the care he had received in his early years from the parish.

Boarding out was started in Glasgow towards the end of the eighteenth century from the Town's Hospital. Ferguson (1966)²⁸ has traced the scheme in some detail. He says that between 1790 and 1830, one hundred and five to one thousand and seventy-two very young children were boarded out from the hospital with wet nurses, the peak being reached in 1820. Payments were made by the Board of Management to foster parents at the rate of thirty shillings per quarter for the first year and twenty five shillings thereafter, excluding clothes and education. The superintendent of the hospital visited the children infrequently and there was a conspicuous lack of regular supervision of homes. At the age of four or five, children were taken back into the hospital to complete their education.

Evidence that a similar scheme was adopted in Edinburgh comes from the records of St. Cuthbert's parish in 1834:

It was customary, and still is, to board out all

infants and very young children who came upon the parish, and upon their arriving at a suitable age, they are received into the House where they are educated.²⁹

It seems that a 'suitable age' was around five years old. To-day, a break at the age of four or five, with no replacement by substitute parental figures, would be avoided at all costs.³⁰ It must have been an equally traumatic shock for the child in the 1830s to leave the foster family he had become used to and return to the formality of the poorhouse. There is little evidence that links with the old foster homes were maintained. No doubt the reason for this dramatic break was that the emphasis on education was paramount and the fashion of the day decreed that the poorhouse was the best place to provide it.

The St. Cuthbert's Report goes on to say:

The Committee are hereby of the opinion that where children are maintained entirely at the expense of the parish, in no way can their education and morals be better carried out and protected than by recovery into the House and by being then educated in the workhouse school.³¹

During the next thirty years, the St. Cuthbert's Board was to conclude that education had a wider definition than that attributed to it in 1834 and a rigid upbringing was not necessarily the best way to eliminate the taint of pauperism.³²

Not only were the very young sent out from hospitals and poorhouses. On completing their education, at the age of nine or ten, children were apprenticed from the Glasgow Hospital and were bound to their masters for seven years 'for the consideration of food and clothing, except during the last year when they were allowed a percentage on their earnings.'³³

The parish was aiming to relieve the burden of funds for the

hospitals as much as they could and to place the responsibility of their charges in the hands of others as soon as possible.

Early boarding out in rural areas.

Evidence on what happened to destitute children in rural areas before the mid-nineteenth century is somewhat lacking, but one valuable source of information comes from J. McPherson's book (1941) on the role of the church in administering the Poor Law around the Aberdeen area before the 1845 Poor Law Act.³⁴ McPherson gives examples of the different types of boarding out practiced in the country parishes, and at the same time, provides an insight into the actual workings of the Poor Law.

Unlike the system in the towns, boarding out occurred directly within the community with no involvement of institutions. There was a notable lack of standardisation shown in the cases of boarding out that McPherson describes, and the system varied very considerably from parish to parish. There were no conditions for selection of nurses or the standard of care, and payments of alimony were made to nurses irregularly, often only in response to the demands of individual nurses. The money for payment came mainly from the Kirk Sessions, but sometimes when a poor parish needed extra help, this was sought from the Presbytery.³⁵ The most striking feature of the records is the early age at which children were discharged from relief, and for older children, the acceptance of apprenticeship with its inherent dangers of exploitation.

There was no doubt in McPherson's mind as to who gained the most benefit from the boarding out system. Foster parents who offered homes were rewarded quickly for their generosity. 'Children were so soon able to assist their own support that there was little

difficulty in placing them in homes, once they had passed the early stage of childhood.³⁶

The earliest record of organised boarding out that McPherson describes was in 1697. Orphans were boarded out in Langside Parish, for the payment of ten 'merks' a quarter to nurses.³⁷ We get no idea of the length of time children stayed with their foster mothers but other examples do throw more light on the subject.

In the case of two orphans, a boy and a girl, left in the parish of Chapel in 1784, a certain John Mitchell agreed to 'bed, board and clothe the girl 'til she should be able to do for herself, on condition that he got the clothes left by her mother, and to bed and board the boy at the rate of one shilling per week 'til he should be able to work for himself, the Session providing his work clothes and shoes.'³⁸

While some children, like those above, probably paid back their foster parents with several years of labour, other children were sent out to beg as soon as they reached the age of six or seven. In 1760, the Kirk Session of Auchtoless directed William Christie, with whom an orphan aged six was boarded, to send the child out to beg 'now that he was fit enough to travel.' It was also stated that the cost of his maintenance which was 'six pounds a quarter, besides clothes' was a 'great charge on the poor's money.'³⁹ Accordingly, the Kirk Session provided the child with clothes and shoes and sent him on his way. Perhaps having some misgivings about their actions, they made sure that Mr. Christie would give his former boarder 'houserroom' and they arranged for the local schoolmaster to teach the orphan gratis when the child had time to spare from his begging.

The thought of such an independent six year old is abhorrent to

the twentieth century mind and even McPherson felt that the Session should have shown some thought for the child's interest after he started begging; he commented that 'these were terrible years when a boy of six or seven was sent forth to wander day after day, summer and winter, soliciting his daily bread.'⁴⁰

In other areas, begging was not viewed so favourably. In 1751 the Levitors and Session of Forgue, feeling that a more positive but profitable answer was needed, decreed that anyone under the age of fifteen found begging should be apprenticed to the age of thirty with any person who applied for sanction.⁴¹

There is no evidence from McPherson of how nurses were selected, but he gave telling accounts of how they were paid. In 1714, Elspet Forbes, a 'foundling's nurse',⁴² threatened to abandon a child unless the Session of Leochel paid the arrears owed her and promised to make regular payments in future. She also asked for the price of a peck of malt for weaning the child and money to buy him shirts. She won her case.

In 1742, another session appointed Jane Wallace to nurse an orphan, payment being made in 'four hand dishes of meal each week for the first year, and one peck thereafter.'⁴³

Good nurses were hard to come by and to encourage the supply in Methlin in 1806, the rate for a child's board was raised from one shilling to one shilling and six pence a week.⁴⁴

The sessions had difficulty in raising enough money to keep up with the demands for help for orphans since they were 'very expensive on the box'. Sometimes, parishes resorted to special Sunday collections and at other times, a poor parish might appeal to the Presbytery for extra help. Such a case occurred in 1701, when

Aberdeen town paid a dollar, and each landward parish in the presbytery paid one pound to the support of two foundlings. Other examples of raising funds included a collection on behalf of a poor orphan in 1711 and then payment of a grant of three pounds to an orphan ill from smallpox in 1763.⁴⁵

Apart from the care provided by the parish for orphans and deserted children, boarding out of a different sort was used to provide temporary care for families where the mother was sick and unable to look after her children. This type of care was the forerunner of the modern short term foster care, and in the eighteenth century, as now, children were reunited with their families as soon as the mother had regained her strength. Most of the cases in the Aberdeen area described by McPherson seemed to have been caused by post-natal illness of mothers where the new born babies were fostered with milk nurses. In 1775, a married woman from Culsalmond gave birth to twins whom she was unable to feed. The parish made a grant for the children to be nursed by someone living in the parish.⁴⁶ In 1820, a minister found a nursing mother for one of a pair of twins born to a woman who was too ill to look after them both. The father was willing to contribute to the cost and the session made up the rest.⁴⁷

The origins of boarding out in Edinburgh.

Boarding out in Edinburgh began on a sizeable scale in 1844, through the enlightened imagination of Sir William Johnstone, at the time Lord Provost and Chairman of the Committee of Managers of the Charity Workhouse.⁴⁸ He had particular responsibility for the children's section and for some time had been 'observing the habits of the children and trying to find out the cause of their peculiar looks, so different from the home-bred children. The leaden hue

and sickly look of their faces; their inert, cowed, sullen and morose temperaments struck him very forcibly indeed. Their unsightly yellow dresses - their 'badges of pauperism' - did nothing to improve their looks. ⁴⁹

When, by a happy accident, the North British Railway Company proposed to take over the poorhouse site for further development, Sir William seized the opportunity and, in spite of some opposition, boarded out all the four hundred and thirty children within the poorhouse in the country areas surrounding Edinburgh. From the very start, Sir William made every attempt to integrate the children into the community by dressing them individually. When the situation was reviewed a year later 'there was hardly a face the (poorhouse) board would recognise so healthy, hearty and changed were they by having breathed the free air and exercised both their bodies and minds amidst companions in the country.'⁵⁰

Sir William tried to get other poorhouse and hospital boards to follow his policy without success. He himself had no doubts about the benefits of the boarding out system for both children and the community. Writing to The Observer on the 20th December, 1844,⁵¹ he said:

I am daily delighted by the cheering reports from all parts of the County, not only as to the improved health of the children, but also as regards their happiness, the expansion of their minds, the sharpening of their intellects and the steady decrease of their inert, sullen and morose temperament so conspicuous amongst them while caged up within the walls of the hospital..... The direct saving to the public was considerable and the indirect saving from the reduction in numbers we have to maintain completed our success. The moral gain cannot be estimated.

The parochial boards of St. Cuthbert's and the City of Edinburgh both began to use boarding out in the 1840s and found the system

so successful that they expanded its use. By 1853 St. Cuthbert's Board was able to report that 'all the children had been removed to the country.'⁵²

The 1845 Poor Law Act.

In the 1840s, the problem of the poor was becoming unmanageable and the voluntary funds were unable to meet the increasing demand for help.⁵³ Before the passing of the 1845 Poor Law Act, the poor within each parish had been supported by the voluntary contributions from the Kirk Sessions and the Presbytery. Although it was legal to assess the landowners and tenants for contribution, the collection of dues was very unpopular. Many of the previous Poor Law amendments had aimed at increasing the number of parishes that were assessed. The situation had not been helped by the fact that those most eligible for assessment, i.e. the heritors and clergy, were also those responsible for administering the Poor Law and, no doubt, sometimes used the loopholes in the system to their own ends. The Disruption of the Churches in 1843 reduced the number of ministers in the Old Church, increasing the burden of Poor Law administration.

Not only the administrators had problems. The number of poor was increasing considerably for several reasons. In the towns, the stagnation of trade in the early forties led to a new class of poor, the unemployed. The development of the railways had added to the problems, creating wholesale movements of labour, particularly of Irish immigrants, who were left in overcrowded post-boom towns, once the railway constructors had moved on. In the country areas the problem was no less acute and had been exacerbated by a succession of bad harvests and the replacement of cottage industries by mechanisation. Some found an answer to their troubles in emigrating

to the new worlds of America and Australia, but for those who were forced to seek parochial relief, both children and adults alike, the situation was rather grim. In 1843, the Poor Law Commission, set up to investigate the extent of the need, reported that the general standard of relief, though varied, was poor. Their findings resulted in the passing of the 1845 Poor Law Amendment Act.

As a result of the Act, the Central Board of Supervision was created in Edinburgh and held general supervisory powers for the relief of the poor. Parochial boards were created, whose duties were to make up rolls of eligible poor and appoint inspectors to be responsible for the administration of relief in each parish. While parishes had always had the ability to raise funds for poor relief, after 1845 the assessment system gradually became more widely used. Its progress was impeded by the opposition from individuals and certain anomalies in the law, like the exemption from assessment of heritors' hunting land, a situation not remedied until the Sporting Lands Rating (Scotland) Act, 1866.⁵⁴ In spite of opposition, the system began to work so that by 1862, seven hundred and fifty-nine parishes were assessed out of eight hundred and seventy-eight, compared with only four hundred and forty-eight who had been assessed in 1846.⁵⁵

The opponents of the new Poor Law felt that it would encourage people to become dependent on the parish, whereas those in favour of the new measures felt that they could help to relieve a growing number of genuine cases of distress.

The Poor Law did not reduce pauperism immediately and indeed, the problem increased everywhere. In 1866 the population of the major Scottish towns was nine hundred and fifty-seven thousand and

forty-eight, while that of the rest of the country was two million, one hundred and twelve thousand, two hundred and forty-six. Because of their greater population, it was in the rural areas that the situation was worst. Between 1863 and 1866, the percentage of population receiving relief in the towns was 3.34% but in the country areas it was 4.13%.⁵⁶

To meet the problem, the 1845 Act had recommended the building of poorhouses and, from 1845 to 1849, these increased from thirteen to nineteen.⁵⁷ They were built mainly in the towns, although some parishes in rural areas combined to construct houses. Increasingly, the poorhouses lost their seventeenth century character of almshouses and became 'test places for eligibility.' The Scotsman newspaper criticised the new dual use of the poorhouse relief and felt it was as impossible for the poorhouse to serve these two purposes as a man to serve two masters.⁵⁸

The campaign against 'outdoor' relief continued. In 1883, the secretary of the Board of Supervision advocated the 'poorhouse test', 'because the great majority of paupers by whom the offer of a poorhouse has been refused become self-supporting or are supported by their relatives.'⁵⁹ The measures were unsuccessful. The aversion to institutions continued and by 1888, only 13% of sane poor were housed within their walls.⁶⁰ The rest continued to receive 'outdoor' relief, and by the end of the century it was felt that decent people would consider residence in institutions 'one of the greatest of punishments.'⁶¹

The effect of the 1845 Poor Law Act on children - the growth of the boarding out system.

The main indirect effect of the 1845 Poor Law Act was to establish

boarding out as the major Scottish method of caring for children deprived of a normal home life in the later nineteenth century.

By far the most influential part of the Act in relation to children was Section 69, which enacted that:

It shall be lawful for the parochial board to make provision for the education of children who are themselves, or whose parents are subjects of parochial relief.

As has been mentioned, education has played an important part in Scottish social history,⁶² and by the mid-nineteenth century, the enlightened reformers were beginning to feel that 'the only antidote for pauperism is education.'⁶³ No doubt they hoped that such education would also increase the number of the able-bodied adult work-force.

The problem before the parochial boards was how to provide children with the best overall education at the least expense to the community. Since there was a ready source of cheap education available in the village schools, and it cost money to provide staff and equipment for special schools within poorhouses, it is not surprising that the parochial boards took advantage of the situation. For most of them, the answer to their dilemma lay in the boarding out system and its advocates were quick to point out its combined economic and educational advantages.

Another reason for the popularity of the boarding out system in the nineteenth century was the growing realisation throughout the second half of the century that it was unfair that the sins of the fathers should be visited upon their children. If rescued from the taint of pauperism at an early age and placed in a new environment, there was every chance the child might grow up to become a useful member of society. Two points should be borne in mind. Childhood

to the Victorians was seen as the preparation and training for adulthood. There was very little consideration of the emotional needs of children and when children were separated from their parents, it was accepted that they would quickly settle down in a new environment without any ill effects. The major aim of bringing up children was to provide them with a sound moral and religious belief. Family affection was accepted as being a valuable asset in the example of behaviour set before a child, but it was secondary to other aspects of his education.

As we have seen, after 1845, successive attempts were made to reduce 'outdoor' relief for adults. George (1970), tracing the history of the English boarding out system, has pointed out that a similar trend at an earlier stage in England resulted in a set-back for the boarding out system for children.⁶⁴ The same thing did not happen in Scotland. Towards the middle of the 1880s, the Board of Supervision had some misgivings that a major decline in boarding out was imminent and urged parishes to renew their interest in the system. The decline did not continue and by 1890, 86% of all children were boarded out.⁶⁵

Unfortunately, there are no reliable national figures available for boarding out in Scotland until after 1880, and it was not until 1890 that fully categorised figures were published.

Children under the Poor Law.

The children coming into the care of the parishes after 1845 were from three sources:

1. Orphans
2. Deserted children
3. Separated children

The last category deserves detailed mention. These were child-

ren who had been 'separated' from their parents by the parochial boards. The parents included those in the poorhouses, unmarried mothers who were unable to provide for their children, those who were physically or mentally ill and parents who were considered 'profligate'. Writing in 1876, the Secretary of the Board of Supervision said there were various reasons for separating children from their parents, the most common being that in which the remaining parent, generally the mother, was held to be unfit, from mental or physical weaknesses or from intemperate or profligate habits, to have custody of her children.⁶⁶

At the beginning of the second half of the nineteenth century, there was a reluctance to interfere in the lives of individual families, in spite of the picture they presented to the outside world. As the deprivation of children became more acute, towards the end of the century the state began to take more responsibility for the physical protection of the welfare of children. The Guardianship of Infants Act, 1886, and the Infant Life Protection Act 1872, enabled parochial boards to intervene and remove children from neglecting adults. Earlier in the century there had been no such legislation but the parochial boards had often anticipated future legislation by twenty or thirty years. Unfortunately, there are no national figures for separated children before 1890 but there is no doubt that the system was being used in 1865, when the separate Children's Register was established.⁶⁷ Included in the particulars relating to each child was a category for 'separated' children, including reasons for their separation. In Edinburgh in 1870, out of three hundred and twenty children boarded out by St. Cuthbert's parish, one hundred and forty-nine were 'separated' from their

parents.⁶⁸ While the Edinburgh figures do not necessarily reflect the situation in the rest of Scotland, they do illustrate that the problem existed and was acknowledged by at least one major parochial authority. Writing about the same time, J. J. Henley reflected the hesitancy of the majority to adopt the system, but concluded in his report of 1870, that in most cases 'the system was of advantage to those children.'⁶⁹ The number of 'separated' children rose gradually and by 1901, 19% of children in the care of local authorities came into this class.⁷⁰

Alternative provision for children after 1845.

While the majority of children continued to be boarded out with families, there were some for whom this method was considered unworkable or undesirable. Apart from the children who remained in the poorhouses with their parents, or those who stayed in parishes which adopted only 'indoor' relief, there were other children who found their way into the industrial and reform schools or into the growing number of voluntary institutions.

The industrial schools grew up in the 1840s and were the forerunners of the modern approved schools. Their foundation was due to the efforts of individual philanthropists like Dr. Guthrie in Edinburgh and Sheriff Watson in Aberdeen.⁷¹ Their aim was to take vagrant and potentially delinquent children off the streets and provide them with an education and industrial training. The Edinburgh Parochial Board suggested that the children who might benefit from such schools fell into three classes:

1. Boys and girls under fourteen years of age found prowling through the streets and apprehended by the police for begging.
2. Children whose parents would be anxious enough to

rear them properly but were unable to do so through extreme poverty.

3. Boys and girls totally destitute who had been convicted of theft.

The Industrial Schools Act (Scotland) 1854 gave legality to the movement and by 1886 there were thirty-two Industrial Schools in Scotland.⁷²

There were some categories of children who presented great problems to the boarding out authorities. One of the rules of the boarding out system which existed right up until the 1948 Children Act was that foster parents had to hold the same religious faith as children boarded with them. Due to the Irish immigration following the 1846 potato famine, some urban areas in Scotland tended to be over-represented with Catholics and consequently difficulties arose in finding suitable foster homes for Catholic children. Generally, when suitable homes were found, they tended to be further afield from the cities. One such area was Carstairs,⁷³ the railway town, which absorbed many of the Roman Catholic children from the City Parish of Edinburgh in the 1870s. In many cases, Catholic homes tended to be sub-standard so, in order to provide an alternative to the poorhouse, Catholic orphanages grew up like the one at Smyllum, Lanark, which opened in 1864.⁷⁴ In 1875, there were seventeen children there, placed by St. Cuthbert's Parish, Edinburgh, and by 1885, this number had risen to fifty-eight.

To meet the needs of children whose parents were not eligible for relief, there grew up other voluntary institutions like Quarriers Home founded in 1871.

Poor relief for children ceased at the age of fourteen and institutions like Pontin House, Edinburgh, were originally built to

provide intermediate homes for adolescents until they became self-supporting.

Another gap in the Poor Law was met by voluntary institutions established for the children of parents whose ways were rather inconsistent, or for widows and their families who were deemed ineligible for relief because they were able-bodied. Unless children in these families had been neglected or were homeless, the parish had no obligation to help them, although as we have seen, such children were sometimes 'separated' from their parents by the parish with the consent of the parents involved. For the rest, the voluntary institutions provided an alternative home without the stigma of the poorhouse. One example was Red House, Musselburgh, which 'took in the homeless or children of drunken and profligate parents or of poor widows unable to support them.'⁷⁵

For many parents the choice between being able to visit children in a nearby voluntary institution or having them boarded out on a remote island or housed in the poorhouse would not have been a difficult one to make.

Another answer for pauper children lay in emigration. From about 1866 onwards, children between the ages of seven and fourteen were sent to orphanages mainly in the colonies of Canada and Australia. A contemporary writer, Mr. C. H. Bracebridge, writing in the Poor Law Magazine of 1866 heartily commended the system:

By the transmission of children between seven and fourteen to selected Colonies, their maintenance and education there will not cost more than two thirds of what it does in Britain, their productive power will come into play in a shorter time, and their services will be eagerly sought after their thirteenth year.⁷⁶

From 1845 onwards, the advantages and disadvantages of the boarding out system were discussed many times. Apart from the comments of enlightened individuals, several major reports, both official and unofficial, stand out as important nineteenth century sources on how the boarding out system worked in practice. The contents of these will be referred to in detail later on, but it is relevant to outline main findings of the reports at this point.

Report of St. Cuthbert's Parochial Board, 1850.

This is one of the earliest major reports on the comparative merits of the different types of poor relief available to children under the 1845 Poor Law Act. The actual remit of the report was:

to investigate how far experience has demonstrated that the boarding out of children has been an improvement either on the condition or the morals of the children when compared with those educated in the poorhouse, and which of the systems is likely to prove the most beneficial in after-life.⁷⁷

The Committee set out to consider the three types of care available to children 'on the parish', which were boarding out, the poorhouse and the industrial school. The views of other parishes were sought on the relative merits of each system of care and it was partly upon these views and partly upon their own, that the St. Cuthbert's Committee based their findings.

The parishes which came out in favour of boarding out were Edinburgh, Paisley, Glasgow, Greenock and Aberdeen, while those against it included Govan and two other Glasgow parishes, Abbey and Barony.

The Committee decided upon five criteria against which each form of care was to be judged. These were:

1. Social status.

2. Moral and religious principles.
3. Education.
4. Industrial habit.
5. Bodily constitution.⁷⁸

These categories illustrate well the nineteenth century requirements for the upbringing of a healthy child. In its findings, the Board came out strongly against the poorhouse, which invested its occupants with a taint of pauperism not easily dissipated in adult life. While there was an adequate emphasis on moral training and religious teaching, the general atmosphere of the poorhouse was not conducive to the implementation of such instructions. It was concluded:

that whatever system of training tends most effectively to wipe away this taint is most likely to prove beneficial to children in their social status.... an ordinary poorhouse is the worst abode for children in this respect. They are familiarised with the poorhouse as a home, and associating in it with none but fellow paupers, become reconciled to their degraded position.⁷⁹

The significance of this conclusion was that it represented a complete reversal of the policy of the 1830s when the poorhouse had been seen as the best place for the provision of children's education.⁸⁰

Boarding out was, by no means, considered the best answer. The Committee felt that the children still retained the taint of pauperism, leading to their segregation from the rest of the community. While foster parents would earnestly instruct their charges in moral principles, the lack of adequate supervision put the overall effects of the system in question.

Industrial schools came out top since there was no stigma attached to them and they afforded the most consistent means of providing moral, religious and general education, as well as a good standard

of hygiene. The schools would prepare the children for adulthood by teaching them to acquire industrial habits.

The report ended with a particularly strong invective against boarding out, illustrating that, in spite of the good intentions of the Board to help children, basically they were doomed from the start because the evils of heredity could never be eradicated.

It has to be kept in mind that the children to whom this question relates are pauper children. They are the offspring of the most debased class of society. Their hereditary and acquired dispositions and principles are in consequence of the most pernicious kind. Now to disseminate such children over the country is in some measure to sow it with the seeds of moral evil. Their vicious principles and example are calculated to contaminate all they meet with their presence, and will, in consequence tend to spread demoralisation wherever they reside.⁸¹

It is ironic that the report's recommendations were never implemented because around the same time, the Board of Supervision issued a directive that all children should be boarded out.

Board of Supervision Reports. (1852, 1863, 1875 and 1893)

1. 1852

From 1845 onwards the Board of Supervision reported annually on the progress of the Poor Law. One of its most important reports was produced in 1852, and it was on the basis of this report that the directive that children should be boarded out was issued.

Because of an unfortunate case of neglect of a foster child in St. Cuthbert's Parish, which led to a prosecution, the Board of Supervision was driven to enquire into the workings of the boarding out system.

The resulting report considered that the advantages and disadvantages of boarding out were as follows:

Disadvantages

1. Supervision is difficult.
2. Literacy attainments of boarded out children are usually poor.
3. A lower level of cleanliness was evident than in training schools.
4. Moral and religious training would be below standard.

Advantages

1. Children are treated with kindness even tenderness.
2. Children become attached to their foster homes.
3. They become members of the family.
4. They acquire the habits of thought and action of those with whom they associate and cease to be in a separate class.⁸²

The advantages of the boarding out system were seen in a totally different light from that presented by the St. Cuthbert's report. The emphasis was much more on the importance of family life and the value of a child's integration into the community. The report concluded that the advantages outweighed the disadvantages and described boarding out in terms which anticipated twentieth century concepts of child care and education:

It may be doubted whether any system of training that cuts off the young from all domestic intercourse, sympathies and affections, from companionship with the independent, the hopeful and the free of their own age; from sharing in the cares and anxieties of a household, from seeing by what struggles independence is maintained, and how much it is prized - can provide an education that will compensate for what it withholds.⁸³

As a result of this report, the boarding out system was firmly established.

2. 1863 - Mr. Peterkin investigates the boarding out system on Arran.⁸⁴

This report resulted from misgivings about the boarding out of children far from their origins. Mr. Peterkin, visiting officer of the Board of Supervision, was sent to Arran to investigate the situation of the one hundred and twenty children there. He found that the children were generally well cared for, they were in good health and had an affectionate relationship with their foster parents. He felt that the system had its own inbuilt safeguard since it was unlikely that children would be ill-treated without the whole district knowing. The nurses were 'kindly and hospitable' and in general, in most homes he found 'there was the appearance of a substantial and well-stored house.'⁸⁵

Peterkin did have some reservations, particularly about the lack of medical supervision and felt that for children who were delicate or very young, the healthfulness of the island was not enough to counter-balance the supervision of care which the poorhouse afforded, where daily visits were made by a medical practitioner.

Problems arose on the island because of the administration of paupers from the sending parishes. The inspectors of the parish where the children came from were solely responsible for their welfare. Peterkin thought that some relaxation of this rule was necessary on Arran.

He also recommended that, in view of the large immigrant population of children already resident on Arran, no more should be sent there. If possible not more than four children should be boarded within one house.

3. 1875 - Mr. Skelton's report on the working of the boarding out system.⁸⁶

This report followed criticisms of the Scottish boarding out system by an Englishman, Mr. Tuffnell, who alleged that the system increased the number of pauper children 'by inducing relatives to throw themselves upon the parish with the view to getting them back with a weekly stipend.'⁸⁷ He had also alleged that the failure rate of boarding out was as high as 5% and that the Scottish system reflected the cases of children who had 'fluctuating' parents.

The Secretary of the Board of Supervision, Mr. Skelton, undertook to report on the state of boarding out in Scotland, getting returns and comments from inspectors of the poor throughout the land. After analysing the returns, Skelton concluded:

1. That the system of boarding out pauper children has been attended, in so far as the children are concerned, with most beneficial results.
2. That with rare and doubtful exceptions the introduction of the practice has not been productive of any evil effects in the districts where the children are boarded.
3. The success of the system depends on several things; the selection of nurses; the thoroughness of inspection and supervision; the limitations of the number of children boarded out in each dwelling; and the number of children boarded out in each parish.⁸⁸

Skelton recommended that 'an official relation should be established in all cases between the inspector of the parish of residence and the boarded out children in his parish; and that for the discharge of the duties incidental to the office, he should be remunerated by the parochial board of the parish of settlement.'⁸⁹

The appointment of a resident inspector would diminish the possible charges of overcrowding, neglect and exploitation of children. Such a man would bring his local knowledge and observation to the

aid of the settlement inspector.

Apart from his recommendations, in general, Skelton concluded that the returns had been extremely satisfactory and that the facts which they disclosed afforded ample evidence that the parochial boards of Scotland had discharged their obligations to the children to whom they stood in loco parentis.

4. 1893 Report of the Board of Supervision.⁹⁰

This report required Mr. Peterkin, by now promoted to General Superintendent of the Board, to investigate the state of boarding out in the whole of Scotland. Peterkin received facts and figures from the parochial inspectors and many views on the success of the system, including comments from local inspectors like:

I know of no better system - they grow up to be good citizens and are free from that kind of pauperised disposition which children seem to acquire and exhibit in after-life, when they have been in a poorhouse.⁹¹

Peterkin also looked at the problem of whether children should be separated from their parents, a question which came up many times during the nineteenth century. He observed:

Some opposition was offered on the ground that by relieving the parents of their legal and moral obligation, it would afford them fresh opportunities to pursue their career of vice unburdened and thus tend to the increase of illegitimacy.⁹²

Peterkin concluded that, in general, there was every reason to be very satisfied with the boarding out system. He did, however, add three suggestions for its improvement, which illustrate the increasing professionalisation of the parochial relief service and the growing emphasis on the physical well-being of children. The recommendations were:

1. That whenever a pauper child was sent by a parochial board to be boarded out in another parish, the inspector

of the parish of chargeability should at once send the information of the fact to the inspector of the parish where the child was to be boarded.

2. That each pauper child boarded out should be reported upon, say once a year, by a medical officer.

3. That the officers of the Board of Supervision should visit the pauper children who were boarded out.⁹³

1870 Report of J. J. Henley into the boarding out of children in Scotland.⁹⁴

In 1870, Mr. Henley was sent from England to examine the Scottish system of boarding out in order to decide whether a similar system should be adopted in England. Henley visited foster homes, talked to inspectors, foster parents and children. He observed the Scottish system with a firm, unbiased and clear perspective. His conclusions about boarding out were optimistic but cautious.

Henley put forward the usual criticisms of the system, namely the need for careful selection of 'nurses' and for better supervision. His main objection however, was that boarding out encouraged parents to abandon their responsibilities. Under the system, there would be more parents applying for the relief of their children. Some of these applications would undoubtedly be successful. In spite of his reservations, in comparison to poorhouses, Henley concluded that 'the house of the crofter, with his bit of land and cow is the best place for a child.'⁹⁵

1871 The independent report of Mr. Anderson on boarding out in the Lothians.⁹⁶

Perhaps one of the most important sources of eye-witness accounts of the workings of the boarding out system was provided by a layman, William Anderson, the chief reporter to the Edinburgh Courant newspaper. In 1871 he published a book entitled Children Rescued from

Pauperism: or The Boarding Out System in Scotland.⁹⁷

Anderson spent nearly a year investigating foster homes used by the City and St. Cuthbert's parishes in Edinburgh. These homes were in the country districts like Midcalder, Penicuik and Gorebridge, all within ten to twenty miles from Edinburgh.

The book is a fascinating account of the lives of foster children. Anderson describes in detail the homes, the clothes, the food and the relationships between foster families. He also gives accounts of his visits to schools and traces what happens to children in adult life. Details are given of the boarding out procedure and the requirements for the selection of 'nurses'.

Anderson had few reservations about the boarding out system, but he did recommend that children should be boarded out as young as possible, that 'doubtful' parents should not be allowed to see their children and that, to achieve maximum integration into the community, not more than one fifth of the total child population should be foster children. Anderson concluded:

The author has done his best to discover faults in the plan (of boarding out) as it is carried out by the Edinburgh City and St. Cuthbert's parochial boards, and his answer is the same as was given to him by an intelligent schoolmaster who taught boarded out children during the last twenty years - 'I am not aware of any defect whatever, it works entirely in favour of the children.' It may be that in some parts of the country the children are not attended to as they ought to be; but where the supervision is complete, as it is in the districts the author visited, the boarding out system appears to be as nearly perfect as possible.⁹⁸

The case for boarding out.

The advocates of the boarding out system emphasised that it provided a combination of benefits which no other type of substitute care could give. They stressed that the main benefit came from

placing children in a new, healthy, country environment where they would have the beneficial example of respectable family life and would become completely integrated into the community. They were careful to add that it would cost less to board out a child than to maintain him in a poorhouse.

Reporting to one of the many committees set up to look at the working of the Poor Law in the nineteenth century, Sir John McNeil (1895) described the advantages of the boarding out system as follows:

What happens is this: the children are boarded out in the country, one, perhaps two, rarely more than three in a family: they acquire the habits and feelings of the persons among whom they are brought up: they see the struggles of the family to maintain their independence: they see the kind of feeling that is entertained in reference to paupers: they acquire a sort of domestic attachment to the father and mother, or to the old woman with whom they are boarding, and they are well educated, and ultimately they melt into the population, so you cannot find a trace of them, and they are not distinguishable from the people who have been brought up in independence.⁹⁹

Many others supported his view, including the Secretary of the Board of Supervision who felt that the 'boarding out system had rescued multitudes of children from pauperism who had now become decent citizens and been absorbed into the general population.'¹⁰⁰

The benefit of a healthy country life.

From the very beginning the policy had been to board out children in country areas where the healthy air would cure their poorhouse pallor and the diseases of overcrowding and poverty which they brought with them. The main diseases seem to have been malnutrition and associated skin diseases plus those associated with a lack of personal hygiene, such as 'the itch' and scrofula. The country air and accompanying good food seemed to have their effect,

as one mother told Anderson (1871). Speaking about two orphans who had been brought from the town, she said:

They were weak and couldna' put a foot beneath them; they couldna' look at broth or porridge but only a little tea and bread and butter; but now, my certie, nothing comes wrong with them.¹⁰¹

Peterkin (1863) also noted on Arran how:

The pale face and inert expression of poorhouse bred children were exchanged for a healthy complexion and intelligent expression. The squalid and ragged appearance of poor children to be met with in the wynds and closes of large towns was nowhere visible.¹⁰²

In the desire to improve the health of boarded out children, a policy was developed by some parishes, particularly in the West of Scotland, of sending children to the Highlands and Islands, where they could benefit from the salubrious air and salt water. Such a policy caused some opposition, on the grounds that there was insufficient medical care available in such remote places.

It would be a mistake to think that the general policy was to board out children many miles from their place of origin. Usually, an attempt was made to find homes for children within easy travelling distance of the parish settlement, so that the supervising officer might make regular inspections. Exceptions occurred in the cases of Roman Catholic children but, in general, children were boarded within twenty miles of the inspector's parish.¹⁰³

Education and integration into the community.

One of the most important benefits claimed for boarding out was that it offered children education on an equal footing with the rest of the community. The education offered was seen in its widest sense. Apart from their formal education, it was argued that the children would benefit from the environment of family life which

would provide a sound foundation for their future development.

Under the 1845 Poor Law Act, the authorities had a duty to provide education for pauper children. From the evidence given to Anderson (1871) by a local school master it seemed that, given the chance of education, in the classroom there was little to distinguish the progress of pauper children from others. The school master said 'sometimes they are at the top and sometimes not, just like the others.'¹⁰⁴

Another teacher told Anderson that the City boys were the 'duxes' of their respective classes in the village school and Anderson himself met several boys who occupied this prized position. One he noted was 'well advanced in Euclid' and another was 'expert at vulgar fractions.'¹⁰⁵ Proud foster parents showed Anderson prizes obtained by both boys and girls. In one family of four foster boys, the prizes numbered no fewer than twenty-one volumes and two medals.

Apart from holding their own academically, the major advantage which came from attending the village school was that pauper children were completely integrated into the society in which they lived. In the Lothians, Anderson concluded;

The children mix with the youth of the village on an equal footing and join in the sports with no feeling of inferiority; they sit on the same benches in the parish school with the families of better 'classes' - the children of tenant farmers, respectable tradesmen, land owners and the boarded children all mingle together without the slightest idea of difference of caste entering their minds.¹⁰⁶

Attendance at school was checked by the parochial inspectors who received notices of attendances from schoolmasters in their quarterly accounts. School fees were paid directly to schoolmasters. In the Lothians, attendance was good. Anderson found that absence

from school among boarded out children amounted to only three days a year on average compared with eight days absence in the year for children living with their parents in Edinburgh. ¹⁰⁷ In Aberdeen, according to Henley's report (1870), attendance was good even in the depths of winter:

When I was at Aberdeen, the snow was deep upon the ground. I drove some eight miles into the country to visit the houses of boarded out children with the Assistant Inspector. I found those children in every instance had been sent to school, and on visiting the schools I found them there. I followed the track of one little girl who had gone to school one and a half miles distant. Her route was across country, and as I followed her steps over stone walls under which the snow was drifted, I reflected that this was not bad training for a life of labour. ¹⁰⁸

Henley's last sentence illustrates two points; firstly, it shows the wide terms in which education was seen and secondly, it shows that while the aim of boarding out was to integrate the child into the community, his place in the class system was predetermined. The latter sentiment was borne firmly in mind when foster parents were being selected. ¹⁰⁹

Benefit to foster parents.

The benefits of the boarding out system were by no means one-sided, since foster parents were able to use the labour of older children. The extra income from the boarding out allowance was also a useful supplement to the family income. In 1863, Peterkin found on Arran that the crofters and small farmers 'are not only benefitted by the cash payments on their account, and enabled to pay their rents more easily than they could do so without them, but also have a present and prospective supply of servants and labourers, whose wages are at the lowest.' ¹¹⁰

Anderson (1871) endorsed Peterkin's view that the benefit was

mutual. While children were well cared for, they also assisted crofters in various ways. One foster mother reported 'in the summer the laddies tak oot an' in the byre an' the lassies wash the dishes an' do ither little bits o' things.' ¹¹¹

The normality of a family life.

One of the greatest arguments in favour of boarding out was that it provided the child with a second family which was the next best and, in some cases, even better than his own. Sir James Gardiner Baird, the Chairman of St. Guthbert's Board, felt that the pauper taint was removed from children because they became identified with the family with which they stayed. ¹¹² The industrious Mr. Skelton, in an article in the Poor Law Magazine (1880), said that a finer and manlier type of character, better adapted to take its share in the actual work of the world would be produced by a system which enabled the child to lead a healthy and normal life from its earliest years. By contrast, in institutional care, where domestic affections had no outlet and the natural gaiety of infancy was discouraged, the sense that handled daily life was never called into exercise. ¹¹³

But perhaps one of the best nineteenth century descriptions of the so called normality of life for a foster child comes from Peterkin's description of the Arran children (1863).

To find the younger children, and those not at school - or others after school hours, enjoying themselves on the sea beach, playing about the family hearth, running messages for the family to the nearest shop, or looking after the cows or sheep or poultry, helping to plant potatoes, or engaged in the many rural avocations of crofters' children - amidst beautiful scenery, and in a healthy climate with good lodging, wholesome food, and decent and sufficient clothing is so great a contrast to the life of such children in the lanes and bye streets of the great towns, or the well-regulated poorhouses, that I should regret if it should be found necessary... to interfere with the present

arrangements.¹¹⁴

The economy of the boarding out system.

The most forceful argument which motivated parochial boards to use foster care was simply that it cost less to board out a child than to keep him in the poorhouse. In the 1870s the average payment of boarding out fees was two shillings and six-pence a week,¹¹⁵ whereas to keep a child in the poorhouse, exclusive of clothes and education the cost was around four shillings and six-pence.¹¹⁶

The case against boarding out.

The opposition to boarding out was mainly on three grounds; firstly, that the children who were boarded out would affect the health and morals of the rest of the community adversely, secondly, that supervision of homes was far from satisfactory and thirdly, that the selection of homes was not adequate.

The health factors.

One of the main objections to town children being boarded out in the country was that they brought with them unwelcome diseases. Ferguson (1966) comments that the Duke of Argyll requested the removal of thirty boarded out children from Iona in 1860 and the Duke of Hamilton objected to their presence on the grounds that they were scrofulous.¹¹⁷ The Inspector of Govan parish, who was responsible for the placement of some of the Arran children told Henley (1870) that the Duke's objections were quite justified because the children had been taken to the island without 'previous enquiry or arrangement' and he considered that the whole affair had been an abuse of the system.¹¹⁸

The moral factors.

Apart from feeling that the town children would pass on their

infections, the respectable country people sometimes felt that the precocious pauper children, bringing with them the morals and ideals of the wynds and closes, would corrupt their own innocent offspring. Henley (1870) received a letter from a lady in Argyleshire illustrating these objections. She said that:

Poor children in towns have ideas and language that country children know nothing about, and that associating with them at school spoils our children; that these pauper children's bodies and morals are not properly cared for, which is not to be wondered at when they are boarded with cottagers who have no interest in them beyond making what profit they can out of the sum given to them for their board. And profit cannot be made to any extent unless by scrimping them of their food.¹¹⁹

The lack of adequate supervision and selection of foster parents.

The letter described above highlights the most important criticism of the boarding out system; that it invited abuse and neglect of children because of the poor selection of nurses and the lack of adequate supervision. The Lasswade inspector told Henley 'I can get plenty of nurses, but not of the right sort.'¹²⁰ While the advocates of foster care said that the allowance paid was a help to families, those who were against the system suggested that the small allowance encouraged foster parents to exploit the labour of their boarders. Robert Watson, the inspector of the poor for Kilmarnock, writing to the Poor Law Magazine in 1863,¹²¹ described the disadvantages of the boarding out system as he saw them. He said that the choice of homes where the children were boarded was not always happy, mainly because the foster parents saw the children as sources of profit with the result that they gave them 'any work the children may be able to perform which they are called upon to do on every trifling occasion even should it keep them from school for days together.'¹²²

The desire for profit led to six or eight children being huddled together in hovels alongside the family and some adult lodgers.

Mr. Watson laid blame for these abuses on the lack of supervision, saying that the inspectors gave themselves too little trouble to enquire into the character or circumstances of the people to whom they sent children. He concluded rather acidly:

Neglects can easily arise when we consider the number of visits which these children receive from their inspectors - how like they are unto 'angels' - 'few and far between.'¹²³

The use of the poorhouse as a deterrent to paupers.

Some parishes like Oban, Falkirk and Stirling had tried boarding out but had given it up on the grounds that indoor relief for all would deter paupers. In some cases their measures were successful in reducing pauperism. In Oban, for example, between 1859 and 1862 pauperism was reduced from one in twelve to one in fifty persons.¹²⁴

The opponents of outdoor relief felt that any advantages of the boarding out system did not compare with the well disciplined upbringing of the poorhouse. One remarkable document which vindicated the poorhouses on these grounds was an anonymous letter to the Poor Law Magazine published in 1863.¹²⁵ Boarding out was criticised on the grounds of bad selection of nurses resulting in lack of instruction and in some cases 'great privations'. The writer went on to commend wholeheartedly poorhouse training where children would be orderly brought up, properly kept clean and compelled to obey the system. By such methods, the chances of proper training would be more superior inside than out and those who had a germ of usefulness in them would be more likely to learn notions of self support and independence in the school of a poorhouse than anywhere else.

Finally, the view of Mr. Stevenson, the Governor of South Leith poorhouse in 1870, deserves mention. He objected to the boarding out system on the grounds that it had a tendency to degrade those who were left in the poorhouse.¹²⁶

In spite of the objections raised, it seemed that by the latter part of the nineteenth century, the boarding out system in Scotland was firmly established as an acceptable means of providing alternative care for pauper children.

The breaking of links with the past.

The success of the boarding out system was attributed to the fact that children were rescued from the pauper taint as early as possible before the evil habits of their environment became firmly entrenched. It was therefore general practice that children should be boarded out between the ages of two and fourteen years. Henley (1870) found that the inspectors of the poor agreed unanimously that children should be boarded out from a very early age.¹²⁷ A Midlothian school teacher told Anderson (1871) that 'If you send them (the children) out early they lose their identity as paupers; and they become attached to the families with whom they are boarded, as if they had originally belonged to them.'¹²⁸ Anderson himself advocated early placement:

When boys and girls about six years of age and under are sent to the country, they are easily dealt with; but the universal testimony of nurses is that the work of bringing up children above that age is much more difficult. At seven or eight they are often found to be deeply imbued with evil principles.¹²⁹

In advocating that a child should be brought up within one stable affectionate family group, the nineteenth century reformers had perhaps unwittingly stumbled on one of the major concepts of modern

child care, the importance of continuity.¹³⁰ They would, however, have had difficulty in acknowledging that a child's past, however deprived, was a part of his life which could not be denied. Wherever possible, they thought the slate should be wiped clean and it could only be painful for children to remember their degraded origins. An editorial in the Poor Law Magazine of 1878 illustrates this view.

These children are doubtless, many of them, old enough to carry into the future years memories of their life in Arran, of their first strange impressions, and their gradual acceptance of their home; and it is no slight offence that they should, however inconsiderately, be burdened with the recollection of exile, and have an event in their lives stereotyped, to remind them of the degradation to which it is only their misfortune to be born.¹³¹

Not all Poor Law officials were blind to the fact that children might wish to retain some links with their origins. There is certain evidence that Mr. Peterkin (1863) gave the children on Arran the opportunity to say what they felt about their new homes and their old ones. While the majority

dreaded the possibility of returning to their own parishes... two or three children expressed a wish to visit their friends. One boy much disfigured with disease, but active and quite alive in his class at school, expressed a wish to be allowed to go to Glasgow to see his aunt, who resides in the High Street there, another, a girl, expressed a desire to be permitted to visit her mother, the inmate of one of the poorhouses.¹³²

One child expressed a wish to leave the island permanently and arrangements were made to this effect.

In general however, such consideration was unusual, and often the parents of children were seen to be the major cause of their plight. The major flaw in the boarding out system was that parents had the right to claim back their children at any time. Anderson (1871) felt that the system was 'not infrequently rendered ineffectual

through the parents of the children stepping in, removing them from their nurses and dragging them back into their former miserable condition.¹³³ He found that, universally, foster mothers felt that the parents were a disruptive force, making the children insecure. One foster mother told him, 'If the mothers wid keep awa' there need be nae fear o' the bairns', and another said that 'The children would get on weel enough if it werena' for their mothers.'¹³⁴ Anderson heard many such complaints against natural mothers and concluded that they 'have no regard for their offspring, but on the contrary are a curse to them.'¹³⁵ There is no doubt that some of the foster parents in this study would have endorsed his views.¹³⁶

To prove his point, Anderson cited two examples of children who had fallen back into a state of misery and wretchedness because of their parents.

I recollect some years ago seeing a girl in a house in the old town who had been removed from her parents some time before and boarded in the country, because she was utterly neglected. She was receiving a good education and everything seemed to portend a bright future for her, when alas! the father exercised his paternal right and demanded restoration of the child. When I saw the girl, she had a wretched appearance... her clothes were ragged, her hair was dishevelled and she seemed to be cared for by none.¹³⁷

In another case, three children were handed over to their father who had been released from prison after serving a sentence for their neglect.

The children were taken away from a comfortable home, from a good education, excellent surroundings, to be given to their father who had no home, no work, no money and no time or opportunity to make any provision for them.¹³⁸

Anderson was always a fair man and certainly did not feel that all natural parents were evil. He said he would be the last to

advocate the separation of parents and children where the parents were willing to look after them, but he felt that the parochial boards ought to have more power to retain possession of children who were likely to be intermittently returned to care, until they were fourteen, or until their parents could show they were able and willing to provide for them.

The parochial boards reluctantly encouraged contact between parents and children. Permission to visit children depended very much on the boards' view of the worth of an individual parent as the following two late nineteenth century examples show. In 1896 Mrs. O'Neil applied to Edinburgh Parochial Board for the address of four boarded out children. The board considered her application with the following result.

Enquiry has been made and nothing found against her character. She is in bad health, subject to bronchitis and not able for a situation yet. Grant mother permission to visit her children if she again makes application.¹³⁹

Towards others the board was not so helpful. A report on a Mrs.

McMahan said:

Deserted her children. It is reported she drinks. No fixed place of residence. Refuse mother's application.¹⁴⁰

There is little evidence that parents were actively encouraged to visit their children and in these cases at least, the initiative for visits came from the parents themselves.¹⁴¹

A more sympathetic attitude was taken towards siblings who needed Poor Law relief. Several parishes made a deliberate attempt to keep families together. According to Henley's report (1870),¹⁴² the City parishes of Edinburgh and Glasgow never separated brothers and sisters unless this was absolutely unavoidable. In cases of large families,

attempts were made to board them, if not in the same home, at least in the same village.

Selection of nurses and their supervision.

The success of the boarding out system depended to a large extent on the selection of 'nurses' or foster parents, the adequate supervision of foster homes and the low distribution of children between households and parishes. Henley (1870) felt that the selection of nurses was really the 'keystone of the whole edifice';

If this selection is careful and judicious, supervision is not difficult; if, on the contrary, they are not carefully selected or cannot be obtained of the proper class, no amount of supervision will, in my opinion, prevent abuses.¹⁴³

The selectors were aiming to find families who would give the child an environment that would equip him for his predetermined place in society. While it was stressed that the child should have a new start in the country away from the corruption of the towns, every attempt was made to select foster families who would be as close as possible in class to the child's family of origin. In 1871, the Chairman of St. Cuthbert's parish advocated that children should be boarded out among the respectable families 'not too far removed above that class to which we may reasonably hope they will ultimately belong.'¹⁴⁴

Anderson (1871) described the Midlothian foster mothers as 'householders of the class of respectable working people.'¹⁴⁵ The Secretary of the Board of Supervision (1880) described the merits of cottagers and farm labourers as follows:

The men and women who are from this class are an active, sober, thrifty God fearing people - people of uncommon intelligence and country industry (it is wonderful what crops of oats and potatoes they contrive to raise on their patches of moorland soil).¹⁴⁶

In the actual selection of 'nurses' there seems to have been variations from parish to parish. There is little evidence about how nurses came to apply to foster, but there is more information about the requirements demanded of applicants. The people selected were those who had a steady income and would not be dependent on the fostering allowance, who were recommended by their fellow parishoners and who could provide adequate accommodation within easy reach of church and school. Parishes preferred strangers rather than relatives. The latter would be more likely to exploit children to their own advantage and would not conform to the Board's wishes so easily. Relatives were also a reminder of the past and against the aim of directing children from 'local association and their own acquaintances so as to begin a new life.'¹⁴⁷

Contemporary reports illustrate the standards and procedure of selection in various parishes in Scotland in 1870. The Edinburgh City Parochial Board required the following, and was probably fairly typical of other places.

In selecting good nurses, the Board enquires very minutely into the character, habits and circumstances of applicants. There are always a number of applicants who have no steady income of their own. This class of people is avoided and the Board prefers those who are not dependent on the children's allowance. Certificates of character from respectable persons in the district must invariably be produced by the applicants. The questions put to them vary, but generally they are as follows: name, age, occupation, locality and address. If married, name of husband and income. If they have children, number and ages, distinguishing males and females. Religion and what church they attend. Number of apartments in the house and its sanitary condition. Number of beds. If the applicants keep lodgers. Distance from school. If the teacher and school are well spoken of in the locality. If the girls are taught knitting and needlework. If there is a Sabbath school in the district, and who superintends it. If the applicant is a widow, she is asked if she has brought up a family of her own; if so, where are they and what are they doing. If they give

her assistance. What is her present means of living, and if she gets relief from the parish. When the Board is satisfied that they have obtained a suitable applicant in a convenient locality, the inspector visits the house, see whether it is dry and well ventilated; examines the state of the bedding and accommodation; arranges as to the separation of the sexes; and makes special enquiries in the district in regard to the applicants character. The oldest boys and girls are sent to crofters by whom they are employed in their little farms. All children before leaving the poorhouse to be boarded out are examined by the Medical Officer and certified as being in a fit state to be sent to the country.¹⁴⁸

Once the inspector had decided the home was suitable and had made preliminary enquiries, it was his duty to take the children to their new homes and thereafter supervise them. Children generally spent a short period in the poorhouses until a suitable home was found. The delivering of children must have been a very haphazard procedure, and there are several accounts about inspectors delivering a batch of children to a highland parish, finding they had one or two left over and knocking on the nearest door to find them a home.¹⁴⁹ The Board of Supervision began keeping records of children in each parish after 1865,¹⁵⁰ and followed this step in the next year by issuing a set of rules for inspectors of the poor which required an inspector to make at least bi-annual visits to foster homes and to record the dates of visits and any observations he thought fit.¹⁵¹ An inspector also had to supply children with clothes, and make payments for medical officers, foster parents and school fees. Above all, he was expected to take a personal interest in the child.

There were wide variations in the number of visits inspectors made. Edinburgh undoubtedly took the lead in supervision. In the big City and St. Cuthbert's parishes the inspectors visited once a year, usually accompanied by a committee member, and assistant inspectors visited eight times a year.¹⁵² Visits from Glasgow

City Parish varied according to distance. As the inspector told Henley in 1870 'The assistant visits thirty miles of Glasgow every three months; those at Kilmarnock every six weeks; those at greater distances once in every six months.'¹⁵³

The difficulty of supervising children in distant places was not helped by the policy that the parish of origin should be responsible for supervision and payment of foster parents. Peterkin (1863) had commented on the unsatisfactory state of affairs in Arran¹⁵⁴ but it was not until 1875 that the Board of Supervision heartily recommended to parishes that there should be co-operation between the parish of settlement and the parish of origin. The inspector on the spot would be 'more aware of the day-to-day living conditions in the foster homes, and be more likely to hear of any cases of neglect or overcrowding which he could then report to the parish of settlement, who would remunerate him for his services.'¹⁵⁵ The idea was undoubtedly put into practice so that by 1883, the Board of Supervision had issued a directive that the sending inspectors should acquaint local inspectors with details of children's placements so that 'frequent and critical' inspection could take place.¹⁵⁶

The new measures were not without objections. It was suggested that the local inspector, who was looked upon with no more favour than a policeman in many country districts, would only serve to remind children of their pauper origins. Any information necessary, it was argued, could be gained from the local teacher.¹⁵⁷ In spite of the objections, the recommendation came into force in January 1884.

The advantage of an unannounced visit of a local inspector was that he could safeguard against any attempts to present a false picture. In 1863, the discriminating eye of Mr. Peterkin discerned that,

on Arran, where news of his visit preceded him, 'in one or two cases pinafores were too clean for the time of day and ... sheets were too pure.'¹⁵⁸

Even if children had been dissatisfied, in some cases they had been prevented from complaining to inspectors because of threats of reprisal. A foster child told Henley (1870):

We did not get our meat well or our beds. We laid in straw; no sheets or pillows, but a pair of blankets. Three boys slept there. We did not get enough of food at any meal; we did not complain. The woman deceived the visiting officer; she showed him other things. We never complained to the inspector, the woman dared us; we were afraid. She showed the visiting officer the lodgers' beds instead of ours.¹⁵⁹

Life in the nineteenth century foster home.

While some of the foster homes of the 1870s would fall far short of present day standards, in other respects, particularly in the presentation of a family atmosphere, they resemble contemporary foster homes. Peterkin described a typical crofter's house on Arran (1863).

The house consisted of the byre, the kitchen with two beds and the inner room with two beds. The beds and general furniture were good and substantial of their kind.¹⁶⁰

Henley (1870) gained a mixed impression of Scottish dwellings.

He described a typical cottage thus:

Though often of a humble character, they are generally warm with thick walls and good fires. The floors are of earth, concrete or stone.

The head of the house usually sleeps in the kitchen. Including kitchen, I sometimes found as many as five people occupying one of these beds; but I should mention three as average. The bedding was fairly clean, the mattresses usually of chuff. Sheets were not used, blankets were often poor ... but the formation of the bed tends to preserve general warmth. On the whole the children were fully as well housed as those of an ordinary labourer in the district, and probably better than if they had still been under the care of their parents. I confess, the standard

of neatness in the cottages of Scotland, both inside and out is not high. 161

While Henley found the Highland homes untidy, Anderson (1871) reported that he had been impressed by the clean tidy and comfortable appearances of dwellings in the Lothians.¹⁶²

The fact that children were 'robust and healthy looking'¹⁶³ was no doubt in the main part attributable to the high carbohydrate staple diet, which consisted of 'porridge for breakfast, broth and potato soup for dinner and either pudding or tea at night.'¹⁶⁴ Foster homes on Arran were well stocked. There was a 'roughness' or plentiful supply of wholesome food - 'sacks of meal, oatmeal bread, peasemeal, bread, eggs, butter, potatoes and hams hanging in the kitchen.'¹⁶⁵

The lowland foster mothers were at pains to impress Anderson that their children were well fed. 'They get porridge an' milk in the morning an' a piece an' cheese in their pouch to the schule; broth an' potatoes to their dinner, an' whiles something better, an' porridge or potatoes at night.'¹⁶⁶ Another foster mother told Anderson 'There's nae thin porridge in oor home; there's walth o' room and walth o' meat.'¹⁶⁷ But the foster mother who got most praise was the one who opened the press to reveal 'an abundance of good things of life - two and three large kebbucks, plenty of scones an inch in thickness, milk, butter, all the produce of the croft.'¹⁶⁸

Children's clothing.

When the practice of boarding out children from the poorhouses began, they were clothed in uniforms stamped with the mark of the poorhouse. A Midcalder schoolmaster told Anderson (1870) how he felt the uniforms gave the children a 'hang-dog' look and the feeling

of degradation. Sometimes he had seen children endeavouring to obliterate the stamp by spitting on it and trying to rub it out. Some of the girls turned their pinafores insideout.¹⁶⁹ Anderson felt that, from his own observations, where there was too much 'sameness' in the clothes of the pauper children, he could single them out at once from their schoolmates.¹⁷⁰ But where there was no discrimination in dress, he had a hard time guessing who were the pauper children because they were so well integrated into the community.¹⁷¹

As early as 1852, the St. Cuthbert's Education Committee made the recommendation 'to abandon that uniform dress which made girls so conspicuous in every quarter, and tended to mar the object in view of removing from them as far as possible the stigma of being pauper children.'¹⁷² Up until the end of the century most authorities continued to send out clothes from the poorhouse in spite of requests from various deputations that such garments were often ill-fitting and 'of a style unsuited to the place or the children.'¹⁷³ Henley (1870) reported that some of the children he had seen had been very badly dressed.¹⁷⁴ Children from Edinburgh seemed to fare better than most and in 1871 the inspector of the poor reported that:

When the girls are sent out they receive three frocks (one of them wincey and two calico), three shifts, three petticoats, three pinafores, two pair of stockings and worsted to mend them, one shawl or jacket, one pair stays, one pair boots and one bonnet... the boys received one tweed jacket and vest, one pair corduroy trousers, three shifts, two pairs stockings, one pair boots, one scarf and one bonnet.¹⁷⁵

This supply was regularly replenished each year.

In 1872, Edinburgh City Board decided to send material to foster mothers to be made up into pinafores instead of sending the finished articles. This had the advantage of allowing the girls to be dressed



individually and in some cases, nimble fingered foster mothers were able to make two pinafores instead of the statutory one.¹⁷⁶

Cleanliness and neatness were valued criteria in assessment of foster homes. Foster mothers were often forced to take great care of supplies of clothes because of the uncertainty of replacement.

In 1875 at least one parish decided to introduce an experimental scheme, giving grants of two pounds twelve shillings per annum to foster parents 'to include both outfit and repairs.'¹⁷⁷ But other parishes still maintained that 'so far as practicable, goods for children's clothing should be given from the poorhouse store.'¹⁷⁸

Relationships between children and their foster parents.

One of the main advantages of the boarding out system was that it provided children with the example of a family atmosphere. Such an atmosphere often developed an affectionate relationship between children and their foster parents, who were seen very much as substitute parents. The development of this relationship was encouraged. The witnesses of the time described approvingly 'the affectionate attachment between nurses and their children.'¹⁷⁹

On his visit to Arran, Peterkin (1863) described how the children returned from school.

They came in as they might to their own house; they were received pleasantly by the crofter and his wife, speaking to the latter and calling her 'granny'. I could detect no expression of dislike to or fear of them with whom they lived.¹⁸⁰

Some foster parents saw children as so much a part of their family that when the aliment finished, they refused to let children go. One foster mother told Sir William Johnstone (1871) very firmly 'ye may withdraw the weekly allowance gentlemen, but I willna' part

with the bairns.'¹⁸¹ And so she kept them.

Children often kept in touch with their foster families long after they had become independent. Anderson (1871) described how one foster mother continued to look after three boys who were now employed as farm labourers 'as if she had been their mother.' A girl who left her foster home to go into service brought her foster parents two pounds of sugar and half a pound of tea out of her first earnings. Another girl, on hearing of the death of her foster father sent one pound of her annual wage of five pounds to her foster mother.¹⁸² Anderson could only conclude 'it was exceedingly gratifying to hear of the children occasionally visiting their foster parents and bringing them presents of tea, tobacco and other little recognitions of the kindness bestowed on them.'¹⁸³

Foster parents were often encouraged to take responsibility of the parents, particularly in finding employment for their foster children. In some parishes, this was a normal expectation.¹⁸⁴ Not only was this sense of family indentivity desirable in its own right, but it also reassured the parish that the children would not seek further help in adult life.

Outcome of foster care.

One of the best ways to assess the success of foster care in the nineteenth century is to trace the outcome of placements. This is not an absolute test of success, since the failure to obtain work might have been influenced by general levels of unemployment. Some examples of the measure of success are given by Skelton in the 1880 edition of the Poor Law Magazine.¹⁸⁵ For the whole of Scotland from 1860 to 1880 there were about nine thousand five hundred children in

foster care. Out of those who had left care, five thousand two hundred and sixty had done well, two hundred and sixty had proved unsatisfactory and the progress of one thousand four hundred and sixty was unaccounted for. According to Skelton, this represented a very low failure rate of around 2%.¹⁸⁶ These figures are rather unreliable and there is no definition of what 'satisfactory' or 'unsatisfactory' might mean. But even supposing that over half of those on whom there was no information were unsatisfactory, there was still a large proportion of foster children who had completed a successful transition to adult life. Some idea of the distribution of ex-foster children in the community is given in the following table of the occupations which were followed by children leaving Govan in the 1880s.¹⁸⁷ It is clear from the table that the main occupation followed by girls was domestic service and by boys some form of trade.

Domestic Service	112	Country Service	53
Adopted	8	Blacksmiths	6
Joiners	10	Carpenters	1
Painters	9	Tailors	14
Shoemakers	10	Seamen	12
Mill Workers	13	Slaters	3
Clerks	4	Masons	5
Coopers	1	Dressmakers	11
Shopkeepers	6	Grocers	4
Labourers	5	Carters	7
Fleshers	2	Riveters	3
Basket Makers	4	Shepherds	1
Watchmakers	1	Opticians	2
Ploughmen	3	Weavers	6
Knitters	1	Coachmen	1
Teachers	1	Potters	1
Moulders	4	Bleachers	2
Nailmakers	1		

The situation at the beginning of this century.

During the early part of this century, the popularity of the boarding out system was maintained so that between 1905 and 1914, 88% of the total number of children receiving parochial care in

Scotland were dealt with by this method.¹⁸⁸ The main aim continued to be the preparation and training of 'healthy and productive citizens.'¹⁸⁹ There was a continuing concern that the working of the system often fell short of the ideal. In 1894, an English inspector had said that in her opinion 'boarding out is, if well carried out the best of systems, but if badly the worst.'¹⁹⁰

The early twentieth century saw an increasing concern for the physical standards of care of both adults and children. The main evils of the boarding out system in this respect were the lack of medical supervision, the dangers resulting from overcrowding and physical neglect, the low standards of many foster homes and a lack of trained independent officials to act as supervisors.

Originally, inspectors of the poor in Scotland had been recruited from various walks of life. Posts had been full or part-time according to the needs of each parish. The only guidance offered for administering the Poor Law had come from Board of Supervision directives, so that the local administration of relief depended on the competence of individual officers. To improve standards, in 1909, the Local Government Board decided to introduce a scheme of examinations for an Inspector's Diploma.¹⁹¹ The need for a professional social service and the recognition that 'the days for tinkering with social problems was surely long past',¹⁹² was endorsed by the foundation of schools of Social Studies like that in Glasgow in 1914.

An interesting offshoot of the desire to improve supervision of boarded out children was the introduction of women inspectors. The Majority Report on the Poor Law (1909) recommended that 'it was essential that one or more lady inspectors of boarded out children should

be appointed.¹⁹³ The nineteenth century English women philanthropists had been quick to point out that they were more competent than men in judging the needs of destitute children. They saw too that child care afforded them 'a form of expression for their quest for equal status with men.'¹⁹⁴ Although their Scottish counterparts were slower to follow their example, by 1946, the Curtis Committee was able to state that the important new posts of children's officers, which demanded applications of 'high standing and qualifications' could most suitably be filled by women.¹⁹⁵

Some early twentieth century views on boarding out.

The Majority and Minority Reports on the Poor Laws in 1909¹⁹⁶ both made recommendations that the system of selection and supervision of foster homes should be tightened up. The Minority Report felt that, in spite of the endorsement of the boarding out system by Scottish public opinion, the system was far from perfect. They observed that thousands of children had been entrusted for money to stranger foster parents, four or five to one person, and a score or two to a single highland village.¹⁹⁷ In 1904, for example, it had been reported that from Edinburgh there were sent to thirty-five foster homes no fewer than one hundred and fifty-nine children, five of them taking six a piece. A similar situation existed in Glasgow and on the island of Iona. Out of the total population of two hundred and six persons, thirty-two were island children and thirty-nine were children boarded out from Glasgow.¹⁹⁸ The presence of such large numbers of foster children in one parish tended to defeat the object of integration into the community.

The report also criticised the system whereby the officer in the

parish of settlement had no legal responsibility for the selection of foster parents and the supervision of foster homes. It was argued that the visits from inspectors who lived many miles away had little value in exerting control over foster parents and could do no more than afford opportunities of gaining information as to the condition of the child. There was too much reliance on the informal supervision of neighbours, ministers and schoolmasters, who were often reluctant to speak against their neighbours. Consequently, there was potential for a good deal of neglect and injudicious treatment. Furthermore, there was no systematic medical supervision of boarded out children. Foster parents were expected to take children to a doctor whenever necessary, but the judgement of need for treatment was left entirely in their hands. In some cases, the lack of such supervision had resulted in neglect which had only been discovered through the bi-annual visits of inspectors. There were also dangers in boarding out children with relatives for reduced alimant.

These malpractices were recounted to the Minority Report (1909) by Dr. Parsons, who investigated the Scottish system.¹⁹⁹ He expressed grave doubts about the boarding out system in Scotland and made recommendations for its improvement by regular quarterly medical inspections and visitation of all cases at least once a year by trained lady inspectors who would be under the supervision of the Local Government Board.²⁰⁰

Descriptions of early twentieth century foster homes.

In his comments to the Minority Report (1909), Dr. Parsons provided some valuable evidence on the conditions in foster homes.²⁰¹ He found that among those boarded out in towns, which amounted to 29% of children in the areas he studied, 22% were with families whose

income would be classed as 'comfortable.' These were prosperous working class families who generally spent more on the children than they received in aliment. 37% of children were with families whose income would be sufficient for their support if they had no parish children but who welcomed the extra help of the aliment; 43% were with families on a low income and were wholly or partly dependent on the boarding out allowances. Many of the families concerned had traditionally taken foster children and had welcomed the financial advantage of doing so.²⁰²

The average diet of most of the families consisted of porridge and milk for breakfast, sometimes followed by other food but usually not; soup, stew, vegetables and sometimes meat for dinner, and a 'piece' with tea or cocoa for supper.

Both the selection and condition of foster homes left much to be desired. 13% of foster mothers were totally unsuitable since they did not even provide good homes for their own children and as a group, the foster mothers lacked a high level of character for women who had deliberately been selected for the care of children. In 58% of homes, there were more than two persons to a room and sanitary conditions were often dreadful with twenty families sharing one closet at the end of the street.

Dr. Parsons formed mixed conclusions about the boarding out system. In its favour was the formation of family ties which were never broken. Against this was the fact that boarded out children were not markedly superior to poorhouse children and they still suffered from the hereditary taints, since their parents were dead or unfit to look after them.

Others were more optimistic about the boarding out system. Reporting in 1914, a lady inspector found that only 13% of one thousand and twenty-six Scottish homes were undesirable. With suitable welfare and medical supervision and an avoidance of homes which were isolated or occupied by widows or single men, it was thought that the boarding out system should be developed further.²⁰³

The pauper taint and heredity versus environment.

In 1911 a strongly worded indictment of the boarding out system appeared in The Mendel Journal. The writer made allegations about the hooliganism and disruptive influence of thirty-four Glasgow boys boarded out on Iona. In his view, the influence of heredity could not be eliminated from these 'Glasgow rowdies' who were 'so inherently vicious that no education or environment could save them from the tyranny of their innate immorality.'²⁰⁴

Shocked into action by the report, the Local Government Board sent Dr. John MacPherson, the Commissioner in Lunacy and Mr. Munroe Fraser, one of Her Majesty's inspectors of schools to investigate the state of boarding out on the island. While admitting that there had been a few failures, Dr. MacPherson concluded that there was every reason to feel that the results of the boarding out had been more successful than he, at least, had anticipated. The enterprise of Glasgow Parish Council and the wonderful organisation of the system by its officials were, in his opinion, totally vindicated. In the majority of instances, it was apparent that the relationship between child and guardian was mutually affectionate. The children, without exception, bore evidence in their persons of being suitably fed, kindly treated and properly cared for in respect to clothing and ordinary personal cleanliness. The misconduct which had been

reported was attributable to only one or two youths who were mentally defective.²⁰⁵

The selection of children for boarding out.

The criticisms about the Iona children illustrated the fact that foster care might not be the ideal solution for every child. The 1908 Education Act endorsed this view, recognising 'what we can do with the child is primarily determined by what he is, not what he is to become.'²⁰⁶ In the earlier part of the nineteenth century, boarding out had been seen more as a means to the end of producing useful adults rather than an end in itself providing for the needs of an individual child. In the early twentieth century, it was recognised that boarding out was unsuitable for all, and children who suffered from some moral or mental defect might best be dealt with by institutional care. In 1909, the parish councils of Glasgow and Paisley established homes for such children at Dunoon and Largs.²⁰⁷

The 1908 Children Act.

The 1908 Children Act was a major step forward in legislation for the protection of children; one contemporary writer went so far as to call it the Magna Carta of children.²⁰⁸

Part I of the Children Act aimed at combatting the growing evils of baby farming and private fostering. All children residing with private families for reward had to be registered with the local authority. This applied particularly to infants under the age of two years. Infant protection visitors were appointed to 'search out' and inspect premises where such children were residing. Anyone convicted of child neglect or from whom a child had been removed was prohibited from fostering unless they had special permission from local authorities.²⁰⁹

The second part of the Act aimed at protecting children from physical ill treatment and neglect and was an extension of the Cruelty to Children Act, 1904.²¹⁰ In the 1908 Act, a child was defined as a person under fourteen and a young person as one between fourteen and sixteen years of age. The most important sections of the Act were those where parents and guardians could be convicted for neglect of a child in a manner likely to cause injury to his health;²¹¹ and where, for the first time, children could be legally separated from their parents and taken to a place of safety.²¹² Furthermore, children could remain in the care of the parish up to the age of sixteen, but the removal of a child was not irreversible and, if parents proved they were able to provide adequate care, the court had power to revoke the order.²¹³

The 1908 Children Act was an important landmark in child welfare, since for the first time, the State recognised it had a responsibility to intervene on behalf of children. No longer was the desirability of family life dependent on its existence but there was now a recognition that it should be judged on the quality of care conveyed to the outside world. Neglect was seen in terms of physical deprivation and there was little recognition at this stage of the psychological needs of children.

The Children Act increased the number of separated children coming into the care of parishes. Of seven thousand nine hundred and thirty-three children in full charge of the Poor Law authorities in 1910, two thousand eight hundred and two were orphans, one thousand four hundred and one were deserted and three thousand seven hundred and thirty were separated. Comparing the percentages with those of 1901, it was evident that the proportion of deserted children had

remained the same, the proportion of orphans had decreased by 10%, and the proportion of separated children had increased by 11%.²¹⁴ The rise in separated children had created a corresponding rise in the boarding out figures which had increased from seven thousand, one hundred and four in 1901, to seven thousand, nine hundred and thirty-three in 1910.²¹⁵

Examples of boarding out around 1914.

In spite of the improvements brought about by the various reports and the 1908 Children Act, the early twentieth century implementation of the boarding out system was not very far removed from that of the latter half of the nineteenth century, as the following reports show. Commenting on boarding out procedure in Glasgow in 1913, Mr. Cunningham, the Chairman of Glasgow Parish Council, described the process of despatching children to the Highlands as 'a novel kind of parcel delivery.'²¹⁶ In spite of this, he asserted that children were removed from the danger of contact with evil influences and that great care was taken to place them in homes where they would be subject to a good moral Christian example. Maternal deprivation was unheard of: it was thought that the children would soon forget their former surroundings without any difficulty. Selection of homes was made on the individual whim of the foster parents and the needs of children were not considered.

In our far off Scottish glens, babies are no longer looked for in cabbage gardens or doctor's pockets - application is made to the Council's inspectors, and families ready made are supplied on the shortest notice. The demands vary. One guardian wants one or two nice little girls ... another is too old to be bothered with babies, but wants a lassie who can run a message.²¹⁷

In spite of this poor selection method, the relationship between the children and their foster parents was often affectionate.

Like present day foster parents however, the possessiveness of foster parents increased with time.²¹⁸ The foster mother of a fourteen year old girl and her brother said 'Leave her to me; I don't want to lose her. There is only my brother and myself. They can remain as long as they like and they will have all we have.'²¹⁹ Another, with tears in her eyes told Cunningham 'I could not give her up; I have had her since she was three months old. Now she is five years; and surely she is far more my child than the woman's who deserted her.'²²⁰

Cunningham went on to report that the children fitted well into the community and held their own at school. Many of them stayed on the island to work on the farms and others trained for domestic service.

Supervised visits to foster homes were made twice yearly by the assistant inspectors and once by two members of the parish council. The children had three suits each year and their diet was described as plain and wholesome consisting mainly of porridge, broth and potatoes. Foster parents were paid five shillings a week for infants up to two years; three and six-pence a week for children up to six years; and four and six-pence for children from ten to fourteen years, with all medical attendance and school stationery supplied free of charge.

The policies of 1914 saw no place for natural parents. Their misdeeds had led to the children's misfortunes and for that they could not be forgiven. It took another thirty or forty years before it was recognised that it might be advantageous to a child to know about his origins and retain links with his parents.²²¹ At this early stage in the century, the emphasis was still on rescuing the

child from the pauper taint and natural parents were seen to be out for material gain.

It is a usual occurrence for parents, whose children had been brought up by the parish, to make no enquiries about them until they are fourteen and able to earn something; then their parental affection suddenly awakens, in the hopes of getting something out of their labour, and it takes some diplomacy to protect the children.²²²

The situation in 1946.

During the 1930s and early 1940s, the responsibility for the welfare of children deprived of a normal home life had come to rest with several authorities. The Poor Law Relief (Scotland) Regulations 1934 governed most of the boarding out procedures and empowered Public Assistance Departments to board out children with foster parents or in voluntary homes, or to provide homes themselves for children. It also required the Public Assistance Department to supervise foster home visiting at least once in every twelve months.²²³

Authority for removing a child from his parents had been granted under the 1937 Children and Young Persons Act. Under Part IV of the Act, children in need of care and protection could be committed to the care of a 'fit person' to eighteen years of age. Although the machinery for implementing the Act was entrusted to the Public Assistance Authority, this body was not deemed a 'fit person' and procedures had to be initiated by the Education Department, police or other suitable persons.

By 1945 in Scotland, seventeen thousand, six hundred and seven children and young persons were classed as being deprived of a normal home life.²²⁴ Provision for these children was rather haphazard with the result that in 1945, the Clyde Committee was set up to enquire into the existing methods of provision and to consider what

further measures should be taken to ensure that children were brought up under conditions best calculated to compensate them for lack of parental care.²²⁵

The Committee found considerable variety in methods of dealing with children. Originally children had found their way into foster homes or orphanages through the efforts of relatives, social workers or of their own free will. There had been no recognised system of inspection and no departmental supervision. The treatment of a child had depended upon the wisdom and humanity of the personal body to whom the child had been entrusted. Social problems in recent years had increased the problems of homeless children who, because of neglect, were frequently physically and mentally below standard. At the same time, the rise in the standard of living and wages had made fostering less attractive than formerly. A series of attempts had been made to meet the problem but these had not been co-ordinated and presented an involved and overlapping picture. Selection and remuneration of foster parents varied considerably as did the amount of clothing and replacement of worn out clothes.

The Committee concluded that the problem created by the lack of parental care was necessarily a tragic one for the child concerned. There was no short cut to its solution.

Our sense of social service demands that, although we can never really make up for the loss, yet in the child's interest and in the interests of the community, we should do the best that can be done ... It is essentially an individual problem depending for its solution in each case on the insight and experience of those actually dealing with the children.²²⁶

The Committee made the following recommendations in relation to boarded out children. The system for caring for children should be reorganised so that the present functions of the several departments

should be transferred to a single department with a uniform set of regulations and a single staff of inspectors. One committee should be responsible for all homeless children.

A good foster parent system should be encouraged as the best possible solution to the problem as it was most suited to give the child the necessary individual attention and scope for the development of independence and initiative. The way to improve the foster parent system was to ensure greater care and discrimination in the selection and inspection of foster parents. This could best be obtained by more specialised qualifications on the part of local authority officials. A standard minimum of payment should be fixed for all authorities. The Committee felt very strongly that financial gain should never be the main motive for fostering. Notification of unsatisfactory foster parents should be sent immediately to the government department which would in turn notify the receiving authority.

Prior to boarding out, all children should be placed temporarily in a home for medical and other inspection and should only leave the home after a satisfactory medical report had been given. Once children were in foster homes, inspectors should visit each foster home within a month of the child's arrival and thereafter make a visit every six months and periodically a member of the children's care committee should be present. All such visits should be without prior notice.

Children were to be given pocket money and the after-care and selection of suitable subsequent employment should be an essential feature in the administration of child care. Hostels should be set up for children who left care so that the authorities could continue to watch over the young person's development until he became self-

supporting.

The Committee strongly deprecated the boarding out of city children in remote areas where there were no facilities for learning a trade or where living conditions were bad.²²⁷

The Clyde Report was an important document because it clarified existing methods of boarding out and identified the need to unify and set out clearly a code of procedure. The Committee had recognised the individual needs of children and the importance of centralised administration. Perhaps its major achievement was that, for the first time, it was recognised that the family environment provided by boarding out could meet the emotional and physical needs of the child deprived of a normal home life.

The Curtis Report 1946.²²⁸

About the same time that the Clyde Committee was investigating the Scottish situation, the Curtis Committee was reviewing the situation in England. It is relevant to mention their report because it was mainly on the basis of its findings that the Children Act, 1948, was constructed, bringing into being Children Departments and a new unified approach to child care.

The Curtis Report stressed the importance of selecting foster homes to meet the needs of individual children. They saw the primary requirements of a foster home to be the provision of 'affection and stability.'²²⁹ The adverse affects of separation and lack of continuity of care were at last recognised.

It must be remembered that supervision and the possibility of removing a child from a bad or indifferent home are not a satisfactory safeguard, because the removal itself is bad for the child, who has already had at least one complete change of environment.²³⁰

The Curtis Committee felt that there should be no restrictions on

the type of homes selected for children. 'We are inclined to think that there has been a tendency to assume that a child should not be placed in a better class of home than the home it came from. This seems to us an irrelevant consideration when choosing a permanent home, at all events for a very young child.'²³¹

The Committee weighed up the advantages and disadvantages of paying foster parents. Although they felt that there might be greater pressure on a paid foster mother to perform her duties efficiently, they felt that the payment cut at the roots of the relationship between foster mother and child which they wished to create and decided against the proposal.²³²

The situation since 1948.

The Children Act, 1948, established the foundation of present day legislation. It authorised the setting up of Children's Departments and placed upon local authorities the duty to provide for children deprived of a normal home life.

Foster care was to continue to be the main way of disposing of the children coming into care. For the first time however, it was recognised that the natural parents of the child should be involved in the caring process. They were to be responsible for a child's maintenance and had a duty to maintain contact with local authorities while their children were in care.²³³ If a child had been received into care voluntarily, it was the duty of local authorities to reunite the family wherever possible.²³⁴ Even when parental rights had been assumed by the local authority, the child was to be restored to his parents if it was to his benefit.²³⁵

In 1959, the Home Office issued a memorandum on boarding out regulations.²³⁶ These gave guidance on the types of foster homes to

be selected, the frequency of supervision and the general procedure for boarding out.

By the 1960s there was a growing recognition that reception into care should not be undertaken lightly and any separation that could be avoided was advantageous to both children and their parents. The 1963 Children and Young Persons Act, implemented this view by placing a duty of local authorities to carry out preventive work by making available advice, guidance and financial assistance which would promote the welfare of children but diminish the need for them to be received into care. Furthermore, it sanctioned rehabilitation by empowering local authorities to help families in cash or in kind to reduce the length of a child's stay in care.²³⁷

In 1964, the Home Office issued a memorandum on the needs of young children in care.²³⁸ This was intended for the guidance of local authorities and voluntary organisations who had children in their care. The report recognised that the care of children had moved from material necessities to the fulfillment of more general and less tangible needs which had a close bearing on the emotional, social and intellectual growth of children. It saw dangers in separation and stressed the importance of continuity of care. Such continuity of individual care normally made it possible for the effects of separation and loss to be mitigated to a considerable degree. The child could also be safeguarded in many instances by being with his brothers and sisters, and by maintaining any links he could with his parents, relatives and friends. He would be helped further by making new friends both in the home to which he went and also with children and adults in the neighbourhood. The links with the past were recognised as necessary for the child's 'sense of reality

and the enrichment of his thinking.²³⁹

Furthermore, with the emphasis on a child's individual needs, and the growing recognition that foster care might not be the ideal answer for every child in care,²⁴⁰ there was a move towards the development of a wider range of provision which included the development of small 'family group' children's homes alongside the larger institutions. Boarding out still continued to be the most widely used form of care and was recommended 'in all cases where it was practicable and desirable.'²⁴¹

The 1968 Social Work (Scotland) Act.

This Act was based on the work of the Kilbrandon Committee and implemented many of its main findings.²⁴² In principle, the thinking of the 1960s, that a child's needs reflected those of his family was taken to its logical conclusion so that help was extended to families as a whole. The powers of the new Social Work Departments set up under the Act were extended to give more assistance in cash or in kind to diminish the need for children to be received into care.²⁴³

The Act saw a departure from the traditional emphasis on foster care and left it to the local authority to decide 'how the needs of any child will best be met while he remains in care.'²⁴⁴ While continuity of care was stressed, a more flexible range of provision was introduced which, it was stressed, would meet the needs of children at different stages of development. This provision did not only extend to children in voluntary care, but to those who were in need of care and protection. To this end, Children's Hearings were set up to replace Juvenile Courts.²⁴⁵ For the first time, the legislation was based on the assumption that children in trouble might have problems and needs which were related to the interaction of their

families and the community in which they lived. Above all, there was continued emphasis on involving natural parents in the decisions made about their children's lives.

Finally, at the time of writing, a major piece of legislation which is about to come into effect may change radically the situation of children in long term care. This is the Children Act 1975, which aims to hold the needs of the child paramount above all other considerations. It is proposed that children in long term care will not be able to return to their natural parents at a moment's notice if this is not in their interests. Local authorities will therefore have the discretion to ask for a twenty-eight day period before such a return can take place. Furthermore, where a young child has spent a considerable part of his life with substitute parents, there is to be acknowledgement of the attachment he might have formed. To this end, these parents will be given the opportunity to keep the child, either by adopting him or by making him the subject of a custodianship.²⁴⁶ No longer will natural parents have the ultimate right to decide what is in their children's best interests when they have been separated from them for a considerable period of time. In any contest about where a child is to live, the child's own wishes will be considered and he will be entitled to representation on his behalf.²⁴⁷

The provision of substitute care for children has come a long way since 1579, when a child was seen as a commercial object to be exploited. In the nineteenth century, there was an attempt to see the child as an individual, but the emphasis was very much on rescuing him from his evil environment and giving him a fresh start in the hope that he would become a useful adult. At the beginning of the twentieth century, the child was recognised as an individual who was

vulnerable and needed protection. Such protection was purely physical and was accompanied by an increasing emphasis on the physical health of the child. By 1948, it was felt that the best people to meet a child's individual physical and emotional needs were his family and wherever possible the legislation emphasised a child should be restored to his natural parents who would maintain their full rights over him while he was in voluntary care. The legislation of the 1960s reinforced the trend towards prevention by providing more means to keep families together. The 1968 Social Work (Scotland) Act extended these powers and recognised the place of the child and his family within the community. The 1975 Children Act emphasises the needs of the child above all other considerations. The rights of natural parents have been eroded to meet the over-riding principles of continuity and stability. Those who are in favour of the new act stress these concepts; those against it argue that previous legislation was able to protect the child adequately and that resources are too scarce to ensure a child has a fair chance of being returned to his family within a reasonable space of time. No longer may social workers have the nineteenth century task of rescuing children from their parents but may well be in danger of 'stealing parents away from their children.'

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Chapter 2

A review of some relevant research

Introduction

Children in brief and extended separations from their parents have been the subject of discussions for many years. The early research of Bowlby (1951),¹ Goldfarb (1949)² and Spitz (1949),³ demonstrated unequivocally how damaging the prolonged effects of institutionalisation could be. Their findings reflected the concern of the Curtis Report of 1946,⁴ and the subsequent 1948 Children Act, which recommended that, where possible, children should be boarded out to give them the opportunity of growing up within a family environment. The illusion that foster homes might provide a universal panacea for all children in care was soon to be shattered by the increasing evidence of the high rate of foster home breakdown reported by the research of Gray and Parr (1957),⁵ Trasler (1960)⁶ and Parker (1966).⁷ It is not surprising that, in view of these findings, the Ingleby Report (1960)⁸ and the following 1963 Children and Young Persons Act put a strong emphasis on prevention. Residential care was also revalued in the report of the Williams Committee (1967)⁹. It is now recognised that each child coming into care has differing needs which can only be met by a comprehensive range of placement resources. No longer does the legislation recommend boarding out wherever possible, but the 1968 Social Work (Scotland) Act clearly emphasises that placements should be made in order to meet a child's individual needs. Substitute care is still generally regarded as second best to a child's own home, and the primary emphasis remains on prevention.¹⁰

The effects of substitute care on children.

In 1967, Dinnage and Kellmer-Pringle¹¹ produced a survey of

research on residential care of children. Their conclusions cannot be accepted unequivocally since many of the studies provide observational findings only. Their work does have value in providing indicators to suggest that, as a group, children growing up in substitute care are demonstrably poorer in cognitive and social development than other children.

Jehu (1966) has attempted to identify the developmental processes which may be most impaired and defines these as 'inter-personal relationships, language and abstraction.'¹²

Other reviews of research (Ainsworth 1962,¹³ Rutter 1972¹⁴) suggest that the effects of substitute care are complex and depend not only on the quality of care but on the child's previous life experiences.

Rutter (1972) however, claims we may now take for granted

The extensive evidence that many children admitted to hospital or to a residential nursery show an immediate reaction of acute distress; that many infants show developmental retardation following admission to a poor-quality institution and may exhibit intellectual impairment if they remain there for a long time; that there is an association between delinquency and broken homes; that affectionless psychopathy sometimes follows multiple separation experiences and institutional care in early childhood; and that dwarfism is particularly seen in children from rejecting and affectionless homes.¹⁵

Research on the effects of substitute care has tended to concentrate on evaluating the difficulties specific to one type of care. Few studies have attempted to compare the effects of residential care and foster care. The exceptions are the works of Goldfarb (1949),¹⁶ Feinberg (1954)¹⁷ and Ferguson (1966)¹⁸ who conclude unanimously that children in residential care are more disadvantaged developmentally than children who have grown up in long term foster care. Their findings are open to question, since their sampling methods do not allow for adequate follow-up of children in adult life.

The comparative effect of short and long term care.

Early research into the effects of residential care, for example, Roudinesco and Appell (1952),¹⁹ recognised the different effects that may result from a long or short stay in care, and showed that long term separation had some effect on development in specific areas. Hege and Steir (1963)²⁰ found retardation in speech and learning in children in institutions in Germany, and Steir also identified dysfunctional emotional development, such as lack of curiosity, restlessness and an inability to make meaningful relationships with adults later in life. More recent research by Schaffer (1965)²¹ and Provence and Lipton (1962)²² suggests that overt signs of physical development fluctuate and are not necessarily irreversible but can be alleviated with an improved home environment. These findings are supported by Heinicke and Westheimer (1966)²³ and Robertson (1966),²⁴ who observed children in brief separations. Heinicke found that children who were separated from their parents for longer than two weeks were significantly more disturbed than others; such disturbance manifested itself in aggressive behaviour towards other children and adults. Though Robertson's observations cannot be classified as research proper, they are valuable in illustrating the anxiety and aggression brought on by separation, even in the most optimal conditions, and suggest that even a short period of residential care can bring about withdrawal in a small child²⁵. More significantly, the work of these researchers shows that such brief separations can be reversed with no subsequent ill-effects.

Attempts to study the results of modifying conditions in long term residential care have been made by several researchers, including David and Appell (1961), Dupont and Roth (1955), and Dennis and

Sayegh (1965)²⁶ who found improvement in the development quotient of children who were given optimal conditions. Rheingold (1956)²⁷, in following up a control group and a group of eight six month old babies in residential care who had been exclusively and extensively mothered for eight weeks, found that a year later, although there were no differences in social responsiveness between the two groups, the experimental group were more articulate and scored slightly higher on intelligence tests. There is further evidence to suggest that the ill-effects of residential care can be more permanently reversed in children of all ages. Schaffer (1965)²⁸ found that, although children in hospital experienced a fall in intelligence quotient, this was reversed after their return home. Pringle and Sutcliffe (1960)²⁹ reported moderately encouraging results from remedial teaching given to children of school age in residential care. There is only one piece of evidence that cites the positive effects of long term care. This is provided by Gavrin and Sacks (1963)³⁰ who found that children in temporary residential care made a considerable gain in I.Q. during their stay, which increased with the length of stay. Since the conditions in the home they studied are not discussed, there is no way of establishing why their findings are so different from the majority of studies. In Rutter's opinion (1972)³¹ the research findings to date lead to the rather banal conclusion that reversibility depends on the duration and severity of the privation, the age of the child when the privation ceases and how complete is the change of environment. More precise specifications regarding these variables are not yet available.³¹ The incidence of the cognitive ill-effects of substitute care have been fairly easy to measure but emotional adjustment has presented more problems to researchers. Recent reviews of the research have identi-

fied the expressions of disturbance and these seem to have been adopted as a measure of adjustment.³² Dinnage and Pringle (1967) conclude that 'the most serious ill-effects are related to early separation or complete deprivation, rather than to the length of institutionalisation.'³³

There is some indication of the relationship between prolonged residential care in early childhood and subsequent maladjustment and inability to adapt to family life. Trasler (1960)³⁴ found that children who had spent the first three years of their life in residential care tended to fail more frequently in foster homes later on. Parker (1966)³⁵ reaffirmed this finding and established the relationship between prolonged residential care for all children and subsequent foster home breakdown. At present these findings still hold, since George's (1970) more recent attempt to repeat Parker's study could neither confirm nor refute his findings in this area.³⁶

There are similar findings in residential care, though in some of these it is difficult to identify just what is meant by maladjustment, which limits the value of direct comparisons. Lewis,³⁷ in her 1954 study of children in a Reception centre, found that there was significantly more disturbance in children who had been separated before the age of two. There are similar claims from the work of Conway (1957/58)³⁸ who found that early entry to care was linked with later maladjustment and Ferguson (1966)³⁹ who studied children who had previously been in care in Glasgow. The more serious impairment caused by early separation was reported in America by Maas (1963),⁴⁰ who found that children who had been separated from their parents in a war-time residential nursery during their first year were significantly more impaired in their personal relationships and performance in

social roles. Similarly, in this country, Pringle and Bossio (1960),⁴¹ comparing two groups of stable and maladjusted children in residential care found that all the stable children, but only two of the maladjusted children had remained with their own families during their first year of life.

The quality of relationships with adults seems to be a significant factor in accounting for the maladjustment of children in care.

Lewis (1954)⁴² found that the maladjustment of children in the reception centre she studied was due more to their home background and separation experiences, rather than the prolonged care in itself.

Conway (1957)⁴³ found that disturbances in children in the long stay orphanage in his study actually decreased with length of stay, due to the atmosphere in the home and was significantly associated with a relationship with a stable adult. On the whole, children who had

good relationships with their parents also had good relationships with other adults. Walters (1963)⁴⁴ studying family unit homes in South Wales, found that better adjustment of children was associated with a long stay in the family unit homes and contact with family.

Physical contact alone is not absolutely important but children seem to be more stable when they are cherished by adults who are important to them, even if they have never lived with them, as Pringle and

Bossio found (1960)⁴⁵ in their comparison of stable and maladjusted children in a residential home. Parker (1966)⁴⁶ suggests that such

stability can be provided by substitute parents provided they have the satisfaction of a long term relationship. In his study, he found that, using this criteria, semi-adoptive foster homes were often the most successful. It is important to stress that although there seems to be evidence that some children are damaged and some escape damage,

differences in vulnerability between individuals have been regarded as largely inexplicable (Rutter 1972).⁴⁷

Recently the work of Bell (1968, 1973)⁴⁸ and Graham and George (1972)⁴⁹ has suggested that temperamental differences in children may account for their reactions to stressful situations, but as yet, there is no extensive evidence in this field.

There is, however, a consensus of opinion that deprivation is not synonymous with separation.

Emotional deprivation is not synonymous with separation and its effects can be reversed, as we have seen. Furthermore, children do not have to be separated from their parents to experience deprivation as the studies of Philp (1963)⁵⁰ and Patton and Gardner (1963)⁵¹ have shown. Philp found that children of families with multiple problems exhibited more difficulties of soiling and enuresis than were generally found, and Patton and Gardner showed that in totally neglectful homes severe deprivation can take place. It may well be, as Mapstone (1969)⁵² has said, that children coming into care are already disadvantaged by originating from families whose material and emotional standards are below average, but Jordan (1975)⁵³ warns that it is dangerous to assume that material and emotional deprivation necessarily go hand in hand.

The effects of foster care on children.

In the light of the evidence to support the contribution to a child's well-being of his continuing contact with stable adults, one would expect that foster care might present a more hopeful alternative for the child in care. But the evidence from research presents an equally pessimistic view of foster care, particularly the incidence and effects of the high failure rate. Two American writers, Maas

and Engler (1959) go so far as to say that 'children are being severely neglected or damaged by deficiencies in the present foster care system.'⁵⁴ They came to this conclusion from their study of eight hundred and eighty-two children in foster care who had, on average, experienced two to three placements. Many of the children in their study had been in care for at least two years. The length of time in care decreased the likelihood of finding a permanent home, and increased the chance of maladjustment. The association between changes of foster home and maladjustment is confirmed by Cohagan (1960),⁵⁵ and in this country, suggested by Rowe and Lambert (1973).⁵⁶

These latter writers maintained 41% of the children who had had four or more changes of placement were said to have 'behaviour problems' compared with 23% who had moved only once. Their definitions of difficulties and measurement of problems were rather limited and their findings are therefore open to question. Evidence of the effect of multiple placement on children's development has been given by Williams (1961)⁵⁷ and Chambers (1961)⁵⁸. They found that children who had experienced multiple placements were less able to grasp the concept of time and had a lower verbal ability than control groups. Gray and Parr (1957)⁵⁹ found that 25% of their sample of one thousand four hundred and twenty-five boarding out placements had broken down in one year. Where children were in on-going placements 26% had had at least one move, and 22% of children were experiencing difficulties in their foster homes. In a study around the same time in Scotland in 1959, Mitchell⁶⁰ concluded that only half the foster children in her sample were likely to stay in one placement. Studies by Parker (1966)⁶¹ and George (1970)⁶² confirm an even higher breakdown rate over five years (52.0% and 59.8%

respectively) while Brown and Woodings⁶³ reported a 20% failure rate over three years. It seems that if a placement is to break down it will usually do so within five years. Trasler (1960)⁶⁴ found that 89% of placements which had broken down did so within this period. Breakdowns seem to occur most frequently during the first year of placement. Parker (1966)⁶⁵ found that 43.5% of placements had broken down within the first year and his findings compare with those of Trasler (58%) and George (49.2%).

There are many factors which can be cited as contributory causes of foster home breakdown; some of these are directly connected with characteristics present in the foster family and will be discussed later but one of the major causes or difficulties in the foster home situation seems to be the emotional problems experienced by the child himself.

There seem to be two approaches to this problem; the first is to assess the adjustment of foster children while they are still in foster homes and the second is to assess the success of foster homes retrospectively. The first method of approach was adopted by Kadushin (1958)⁶⁶ who studied two hundred and fifteen legally adoptable but unadopted children in the States. He concluded that the emotional adjustment of the foster children to their foster homes was good in only 15% of the sample, fair in 68% and poor in 17%. In this country Jenkins, (1965)⁶⁷ studied the relationship in ninety-seven foster homes and concluded that, although in sixty-seven foster homes relationships were satisfactory, in the remaining thirty they were unsatisfactory. The rating of unsatisfactory was given to a foster home if one or more of the foster parents, the child care officer, and the interviewer thought that the placement should not have been made.

But what is it in a child's behaviour that makes his foster parents reject him? Several research studies have identified the problems associated with emotional disturbance of foster children. Parker (1966)⁶⁸ and George (1970)⁶⁹ single out aggression as the most predominant problem. Holman (1973),⁷⁰ in his study of private foster homes, identifies four qualities of emotional disturbance; aggression, anxiety, difficulty in making relationships and withdrawal. He found a high incidence of these symptoms in his sample of private foster children, with 63.4% of those aged two years or over exhibiting at least one of these traits in an extreme form. Both Holman (1973)⁷¹ and Trasler (1960)⁷² are in no doubt as to the cause of such behaviour patterns. Aggression is the result of separation and can be directed against foster parents or natural parents; anxiety arises, firstly as an attempt to repress otherwise inhibited feelings towards the parents or substitute parents which conflict with feelings of affection for them and secondly, from the child's fears of being unable to survive without his parents. Lastly, anxiety arises from fears of again being rejected. Such anxiety can lead to withdrawal when the child shows great reluctance to make emotional relationships with his foster parents.

As we have seen, the incidence of emotional disturbance in foster children is high and the research shows that it is associated with foster home breakdown, but as Dinnage and Kellmer-Pringle (1967)⁷³ point out, it would be unrealistic to ask whether repeated placements are the cause or the result of emotional disturbance since the two factors are closely linked. Although Trasler (1960),⁷⁴ for example, established that disturbance was a significant cause of breakdown, he also showed that each successive rejection by foster parents only

increased the child's difficulties. Williams (1961) goes further, and argues that foster home breakdowns are associated with damage in personality growth of sufficient seriousness to create doubts whether they could be successfully refostered in ordinary homes.⁷⁵ The research of Oswald (1964)⁷⁶ in Australia, which shows a high rate of foster home failure with children who have experienced multiple placements, would support Williams' claim.

In view of this research, it is not surprising that Trasler (1960),⁷⁷ Gray and Parr (1957),⁷⁸ Parker (1966),⁷⁹ and George (1970),⁸⁰ all concluded that placements were more likely to be successful if children were placed at an early age. George, for example, found that placements were successful in 72.4% of cases when the child was placed under the age of two but were successful in only 21.7% of cases where the child was placed between the ages of five and thirteen. Placements with school age children can succeed, as a study by Kraus (1971)⁸¹ has shown. His study found that success was more related to characteristics of foster parents and will be discussed later. There are other factors which influence the success of placements for older children and one of these seems to be careful planning of the placement. Both Parker (1966)⁸² and George (1970)⁸³ found that, for an older child, a short period in an institution before placement was helpful in giving time for assessment and preparation for placement. Parker found that placements were more successful when there had been five or more contacts beforehand⁸⁴ and George suggests that placements fail because children are being hurried into them without due preparation.⁸⁵

The concept of fosterisation and institutionalisation.

From the research studies on deprivation, it is possible to identify

differences between the effects of 'institutionalisation' where children have lacked any 'affectionate ties' with stable adults, and 'fosterisation' where 'affectionate ties' have been regularly broken by multiple placement.⁸⁶ Dinnage and Pringle (1967)⁸⁷ cite three research studies, by Aubrey (1955),⁸⁸ Ewasko (1958)⁸⁹ and Colvin (1962)⁹⁰ who identified such differences. In comparing two groups of deprived children, Colvin and Ewasko found that children in long term residential care showed a 'lack of ego structure' whereas children who had experienced multiple placements showed a 'defect in ego structure'. Institutionalised children had significantly lower impulse control, higher dependency and unrealistically high self ratings, while the foster children revealed higher impulse control, less dependency and lower self ratings.⁹¹ Aubrey made a finer distinction between 'psychological atrophy, due to the absence of suitable care, arrest, due to the interruption of care and chaos due to disorganised care'.⁹²

While acknowledging that account should be taken of a child's experiences before his first separation, these distinctions may help in interpreting the research on the outcome of foster home placements, the characteristics of both foster children and those who have spent a long time in residential care.

How the understanding of the placement and contact with parents may influence the wellbeing of a child in care.

There is unanimous agreement in the research that a child's wellbeing is affected by the extent of his understanding of the placement situation. There is also majority agreement, with one or two notable exceptions, that such understanding and adjustment to reality is linked to the contact a child maintains with his parents.

Bowlby was one of the earliest British writers to draw upon

research to refute the clean break theory and advocate continuity for children in care. Even before Bowlby, as early as 1939, Cowan and Stout⁹³ suggested that a child's adjustment to foster care was made easier if he maintained some contact with his parents or previous substitute parents.

Four research studies on foster care have interviewed foster children to find out how much they understand of their situation. Weinstein (1960),⁹⁴ in a study of sixty-one foster children found there was a high correlation between well-being (as assessed by social workers) and a child's understanding of the fostering situation. Not surprisingly, he found that older children were less confused about their placements. Children who identified with their natural parents had a higher average well-being rating than those who identified with foster parents or who had mixed identification. Parental visiting increased the well-being rating in all cases, even in those who identified with their foster parents, while children in semi-adoptive placements received lowest ratings. O'Reilly (1961)⁹⁵ confirmed this last finding, reporting that semi-adoptive children who identified with foster parents got on less well than the rest of the sample. In the rest of his study, O'Reilly was at variance with Weinstein, finding that children in his sample identified far less strongly with natural parents, whose visiting patterns had little influence on their well-being. (Cultural variations in samples may account for some of this difference; O'Reilly's samples were mainly black children, whereas many of Weinstein's children came from caucasian homes). A small study of twenty foster children by Holman (1966)⁹⁶ supports the evidence of the above studies. He found that, of ten boys with a lot of knowledge about their parents,

seven had excellent or good ratings of well-being, but no child with some or little knowledge made excellent progress and two children with little knowledge had poor ratings. Holman was impressed by the way the children in his study talked with deep emotion about their families and their placement. In her recent study of sixty seven foster children in Nottingham, Thorpe (1974)⁹⁷ also pointed out that foster children felt very concerned about their parents.

Weinstein's finding that parental visiting increases well-being is confirmed by other researchers. A French study found that children's relations with staff reflected their attitudes to parents and that family relationships had considerable influence on the child while in placement through letters and visits (1965).⁹⁸ In a study of a family unit in Wales, Walters (1963)⁹⁹ recorded a significant correlation between social adjustment and contact with the child's family. In an earlier study, Lewis (1954)¹⁰⁰ found that children in residential care who maintain regular contact with their parents or other relatives were better adjusted than those who had not done so. Looking at private and local authority foster homes, Holman (1973)¹⁰¹ said that difficulties occurred least in local authority foster homes when parents visited at least once a month or not at all, and were most in evidence when parents visited infrequently and irregularly. The research department of the Child Welfare Office in Jerusalem (1963)¹⁰² studied children in institutions over five years and found that 68% of those who adapted successfully had a good relationship with their parents, but no child who had indifferent parents adapted himself to the institution. Similarly, in 1965 Ziv et al.¹⁰³ reported that a majority of children in their study were affected adversely by parents' quarrels and uncertainty about the future. In contrast to some of

the other studies, Conway (1957)¹⁰⁴ found that although some of the most balanced children in his sample were those who were visited regularly by parents, where there was too much contact with parents, the relationship with houseparents, even if good, became detached, resulting in frustration to the staff. This potential conflict between natural parents and substitute parents reported by Conway can effect the child negatively. In a retrospective study of former foster children, Murphy (1964)¹⁰⁵ found an association between poor outcome (as rated by social workers) and the hostile attitude of foster parents towards the natural parents during placement. Recognising the adverse affects of such potential conflict and the needs of foster parents for stability, Parker (1966)¹⁰⁶ maintained that some of the most successful foster placements in his study were those termed semi-adoptive, where there was no contact with parents.

In spite of Murphy's and Parker's reservations, the majority evidence points towards a positive association between parental contact and a child's well-being. Pringle (1958),¹⁰⁷ studying the intellectual and social effects of parental contact on children in residential care, concluded: 'Our results support the hypothesis that intellectual backwardness is more marked where the child has no contact with his family.' Turning to one of the most recent studies on foster care by Holman (1973), the association between lack of contact with parents and adverse features is confirmed in four main areas. Holman found that the less contact a child had with parents, the less chance did a child have of knowing the truth about his relationships with them; secondly, the less contact, the more the retardation in developmental stages; thirdly, the less contact, the more chance of ill health and finally, although not

quite statistically significant, there were clear trends which showed that children's educational achievements with regard to writing, reading and arithmetic were adversely associated with lack of contact with a natural parent.¹⁰⁸

It is not easy to compare the various pieces of research since some are concerned with children in institutions and others with children in foster care. There are differing definitions of 'frequent' or 'regular' contact and differing scales are used to assess a child's well-being. Yet, in spite of these difficulties, the general trend of the findings suggests that contact between parents and children is beneficial. George (1970) speaks for many studies in saying 'even if no rehabilitation is planned, visits by natural parents are considered conducive to the child's emotional health. If the foster child remembers his parents, he may feel rejected if they do not visit him or he may even feel that his foster parents are trying to take the place of his parents.'¹⁰⁹ Although George is speaking of foster care, his views are equally applicable to residential care.

The frequency of parental contact and the effect of social work intervention on this.

Although contact between parent and child in care would seem to be desirable, there is evidence from the research to suggest that parents find it difficult to keep in touch with their children, and that, far from the ideal advocated in child care literature, social workers often do not encourage such contact. Furthermore, there is strong evidence to suggest that contact lessens with the passage of time.

In the only official study of foster care in this country, Gray and Parr (1957)¹¹⁰ found that 50% of foster children in their sample,

drawn from local authorities, had seen no relatives since placement. George (1970)¹¹¹ found that 54% of his sample had received no visit from parents and that only 14% had frequent contact (defined as three months or less). Holman (1973)¹¹² found that local authority foster children had far less contact with parents than privately fostered children with around 70% of local authority children seeing their mothers less than once a year. Walton and Heywood (1971)¹¹³ confirmed this finding; only a third of children in their sample had contact monthly or more frequently with their parents, whereas over half the children had had no contact with parents within the previous six months. The most recent study on this subject, by Rowe and Lambert (1973)¹¹⁴ provides stronger evidence, showing that one in ten children in long stay foster homes had frequent contact with parents whereas over half were completely out of touch. Children in residential care fared better, with one in three seeing one or both parents frequently and only a quarter being completely out of touch with their parents. Rowe and Lambert found clear evidence that a child's age at admission and length of stay in care had a strong bearing on parental visiting. Only 14% of children who were less than two years old when admitted to care had frequent contact and 57% never saw their parents, unlike children over the age of eight years when admitted, of whom only 38% saw their parents infrequently and only 10% had no contact. The longer that children remained in care the less often they saw their parents. Rowe and Lambert point out that it is difficult to know whether contact between parents and foster children is due to the 'practical and emotional problems for parents visiting children in foster homes, or whether the children chosen for boarding out are those whose parents are unlikely to keep in touch anyway.¹¹⁵ The

studies of Thorpe (1974)¹¹⁶ and George (1970)¹¹⁷ seem to confirm the former view.

According to social work literature, social workers can often play a major part in keeping parents in touch with their children. Charnley (1955), for example, proclaims that 'no social worker may ever abandon a parent. Skillful work with parents is I believe, the most important part of the child placement workers' job.'¹¹⁸ Holman (1973)¹¹⁹ clarifies the social work task in relation to parents; there are three main aims; one, to preserve the fostering placement, two, to help the child make the most of the placement and three, to work towards rehabilitation of the child with his parents.

In practice, it seems that, far from offering encouragement, often social workers take an actively hostile attitude towards natural parents. George (1970) examined social workers' attitudes and found that 40.6% of parents were discouraged from contacting their children compared with 3.8% who were actively encouraged to keep in touch. In 44.3% of cases the attitude of social workers towards parents was 'passive', meaning social workers neither actively encouraged or discouraged parents.¹²⁰

Studies in other countries have shown that parents' contact with their children in care could not always be attributed to social work help, and that casework services offered to natural parents are often far from adequate (Maas (1959),¹²¹ Boehm (1958),¹²² Tierney (1963),¹²³ Shapiro (1972)¹²⁴). Where social work help has been offered, it can be effective. Shapiro (1972) found that intense family-centred contact was a significant factor in relation to improvement in family circumstances and the child's returning home but had little effect in moving children from interim to long term/permanent care.

The effectiveness of social work help for natural parents has been measured by other researchers. Simmons et al (1973)¹²⁵ and Edinger (1971)¹²⁶ have recounted their successful use of individual and group-work in increasing the contact between parents and children in care. Even where rehabilitation is not planned, Fellner and Solomon (1973)¹²⁷ argue that involvement of the natural parents helps towards achieving a permanent solution for the child more speedily and easily.

It would seem that the hostility mentioned by George and Thorpe is not the only reason for the lack of contact between social workers and natural parents. Working conditions may play a part too. Shome,¹²⁸ for example, established that, in 1964, child care officers would be expected to average less than two days contact per year with each child on their caseloads, and in 1963, social workers studied by Burns and Sinclair¹²⁹ were found to devote 72% of their time to office duties and travelling. In a review of his own work over one year, Holman (1964)¹³⁰ found that he spent 45% of his time in office duties. At least four researchers have remarked on the rapid turnover of staff and the effect this has on clients. Howe and Lambert (1973),¹³¹ for example, found that 66% of children had had more than one worker during two year period of their study. Shapiro's study (1972)¹³² has already been discussed in relation to the outcome of care, but she also found that social work activity was effective where the worker had a low caseload, and was very experienced. In this country, however, Packman's study (1968)¹³³ found no evidence to suggest that the differences in quality and quantity of staffing affected the numbers of children in care. Finally, a recent report on social work in Scotland (1970)¹³⁴ suggested that the shortage of trained staff was

causing a major problem for the new local authority Social Work Departments.

The effects of substitute care on later life.

The long term effect of the inadequacies of substitute care have been revealed in several retrospective studies. As Dinnage and Pringle (1967) point out, such studies present problems in that they 'refer back to methods of child care which may since have changed.'¹³⁵ In an early Scottish study, reported in Lancet in 1950,¹³⁶ significant differences in maturity and life styles were found when a group of adults who had grown up in institutions were compared with a control sample of adults who had grown up in their own families. Over 30% of the institution children were friendless after leaving care and rather more than one in seven failed in their first job. 30% of the institution children had no contact with relatives. Apart from the social differences, the author found that a very high proportion of institution children had relatives of 'proved defect, disease, or instability of mind' (72.4%),¹³⁷ compared with about 35% of the control group. This finding led to the conclusion that 'constitutional factors are at least as important as environmental factors in social maturation',¹³⁸ - an interesting finding in relation to those of Philp (1963)¹³⁹ and Mapstone (1969)¹⁴⁰ discussed above.

One of the few studies in this area is Ferguson's (1966) two year follow up of children who had been in the care of Glasgow Children's Department.¹⁴¹ Comparing them with a control sample of young people who had not been in care, he reported that school performance, intelligence, employment record and social background were all poorer for those who had been in care. Though interesting, his findings should be treated with considerable caution because they reflect major

methodological shortcomings. He claimed that children who had been in foster homes did better than those in homes and those who had been boarded out with relatives did better than any of the others. Other researchers¹⁴² have suggested that it is not possible to conclude whether the better progress in foster care is the result of the environment provided by this type of care or whether it reflects the selection of more advantaged children for fostering. In any event, there seems no doubt that, for many of Ferguson's foster children, their relationship with foster parents was good, as nearly a third of the sample were still living in their foster homes at the age of twenty.

In an early study in 1959, Mitchell estimated, but without details to substantiate her findings, that out of one hundred and fifty-eight children who had left care, one hundred were well adjusted and nearly all of these had kept close touch with foster parents.¹⁴³ Conversely, foster care seems to have little benefit in preventing adult anti-social behaviour if a child comes from an already disadvantaged family, as McCord, McCord and Thurber (1960) showed.¹⁴⁴ They studied boys who were placed in foster homes as a last resort, in an attempt to prevent delinquency. Although an attempt was made to match foster home boys with a control group, who had similar backgrounds, the writers claim that, in several ways, the foster home boys may 'have more pathological early environments.'¹⁴⁵ The authors conclude that the removal of a child from his natural home during adolescence may actually promote criminal tendencies and draw on findings from their earlier studies which suggest that parental rejection is associated strongly with adult criminality.

Other studies report a mixed success rate for foster care. In

the USA, Meier (1962)¹⁴⁶ using a rather better sampling method than Ferguson (1966), found that, in comparison with the general population, a sample of former foster children exhibited a higher incidence of marital breakdown (14.8% compared with 3.8% of the general population), and among women there was a significantly large number of illegitimate children, still births and miscarriages and that the last two did not seem to be related to economic circumstances. Although the young adults seemed healthy and fairly happy, many women expressed concern about their ability as mothers. Socially and economically nearly the whole group were adequate, but they tended to underestimate their social effectiveness. It was encouraging however, that compared with their parents, the group were very successful. Age at placement and number of foster homes was not significantly related to success, but Meier concluded that 'discontinuity of foster care does appear to have a long term impact on the individual, bringing problems of employment and marital relationships.'¹⁴⁷

In a rather different study investigating the effects of separation rather than of long term care, Maas (1963)¹⁴⁸ traced twenty young people who had been evacuated to residential nurseries during the Second World War; most of the children had returned to their families eventually. Maas concluded from his interviews that, although socially and intellectually the group functioned adequately, their ability to make personal relationships was impaired, particularly for those who had been separated from their parents before the age of four. Most severe impairment occurred in those whose separation took place during the first year of life.

The role of foster parents.

Both social work literature and research concludes that ideally

substitute care should meet two basic needs in a child: his emotional development and his physical development. It should also have an end in view, generally rehabilitation, or less frequently permanent alternative care. The relative importance of these needs obviously depends on the duration of the placement, age of the child, and his previous life experience. Foster parents and houseparents play a vital part in the caring process, but writers have been in some difficulties to describe the foster parent role. Glickman (1957) says the relationship between foster parent and social worker 'is not just that of a client, nor is it exactly like that with a colleague. It does, however, bear a strong resemblance to the relationship between supervisor and student.'¹⁴⁹ More recently, both writers and researchers have been attracted by the concept of a 'professional' role, culminating in George's suggestion (1970) that foster parents should be called 'foster care workers.'¹⁵⁰ One of the most successful role definitions is that of McCoy (1962)¹⁵¹ who says that foster parents act as substitute parents in an 'as-if' manner towards the child. There has been much interest in the research to see how foster parents perceive their role and how far this perception matches the evaluation of the social workers. From the research, it seems that social workers are confused about where to place foster parents on the colleague/client continuum whereas foster parents more clearly identify social workers as friends who would be homely or 'just one of us'. Both Adamson (1970)¹⁵² and George (1970)¹⁵³ found that child care officers considered foster parents as colleagues while foster parents saw social workers as friends and only occasionally as colleagues. Those who did identify themselves as colleagues were more willing to listen to the problems of natural parents.¹⁵⁴

Conversely, there were other foster parents who found the authority part of the relationship with social workers difficult to manage and were often reluctant to tell of any misdemeanours the child had committed.

These differences of role perceptions seem to be unrelated to either the selection of foster parents or the success of foster placements. Briar (1963) for example,¹⁵⁵ compared social workers' placement recommendations for children described to them in case reports and found some agreement about adaptability but none about the best form of placement. Fanshel (1966),¹⁵⁶ in an important study on foster parent roles, found there was no reasonable agreement between assessments of foster parents made by social workers and foster parents' performance on parental attitudinal scales. Social workers differed in their assessment of foster parents and, although the very good or bad attitudes were identified, these failed to co-incide with foster parents' performance during interviews and tests. This research has been criticised on the grounds that such attempts to assess performance do not reflect the reality situation. Similar criticism has been levelled at Wolins (1963)¹⁵⁷ who investigated selection criteria for foster parents. Unlike Fanshel, he did find consistency in social workers' perception of the 'good foster parent' but that this assessment was by no means related to actual performance. It seems that social workers may have compromised in selecting foster parents from resources available since there was little correlation between characteristics ideally desired and those actually shown in reality by successful foster parent applicants. Similarly, George (1970)¹⁵⁸ found little correlation between the ideal and reality and concluded that foster parents were selected on various subjective criteria.

In an attempt to give more objectivity to foster parent selection, Fanshel (1966) and others have suggested the development of objective techniques. Fanshel (1966)¹⁵⁹ developed a parental attitudinal research interview which he considered could be of use in selecting out the worst of foster parent applicants and also could act as a pointer towards the type of child who might successfully be placed with others. Other attempts at objectivity have been made by Wolins (1959),¹⁶⁰ Beaulieu (1960)¹⁶¹ and Colvin (1962).¹⁶² In this country, Holman (1964)¹⁶³ suggests that the use of objective tests has considerable potential as part of the selection process and advocates, in particular, the development of the Rorschach Test.

Motives and characteristics of foster parents.

There have been several studies which have attempted to identify the motives and characteristics of foster parents and it is now recognised that no longer are foster parents 'caring for children out of detached compassion',¹⁶⁴ but that, in Trasler's words (1960), 'a foster family contains a complex pattern of relationships of emotional needs and satisfactions, of hopes and the realisation of ambitions embracing the child and his foster family.'¹⁶⁵ Successful placements, as Trasler goes on to point out, depend on the extent to which placements meet the needs of both child and foster family. The evidence suggests that foster parents come mainly from certain sections of the community and are motivated both by social and psychological needs. Success in fostering depends on the compatibility of the needs of the foster family and those of the foster child and his parents.

The characteristics of foster parents - sociological approach.

One of the first major British studies to provide data on the characteristics of foster parents was that by Gray and Parr (1957).¹⁶⁶

They found that, in a large sample of four hundred and thirty-eight foster homes, 59% of foster parents were over forty when recruited, 49% had no children living with them (compared with 37% that would have been expected in the national average), 36% were childless and 77% of wives were not employed outside the home. Financially, the highest and lowest income groups were under-represented. Other studies substantiate their findings: Jaffe (1965)¹⁶⁷ and Adamson (1973)¹⁶⁸ found that 52% of their samples were over forty years old. In France, Soulé (1962)¹⁶⁹ reported that 50% of own children of foster parents were adult, supporting the view that foster parents are often an older group. Whilst it has been established by Gray and Parr (1957)¹⁷⁰ that foster parents do not come from the highest or lowest income groups, it seems that often they do come from the working classes. This is confirmed by Wakeford, (1963)¹⁷¹ who found that, in a group of sixty-six foster mothers, the majority were from social classes IV and V (Registrar General) and had lower incomes and poorer housing than a control sample selected at random. Soulé (1962)¹⁷² and Adamson (1970)¹⁷³ found that 62% and 60.5% of foster fathers were skilled manual workers. Adamson (1970)¹⁷⁴ and Babcock (1965)¹⁷⁵ established that foster parents had fairly limited education, but O'Reilly (1961)¹⁷⁶ suggested that foster mothers were better educated than their husbands. Wakeford's study¹⁷⁷ is interesting in that he suggests that foster parents are attempting to compensate for not fulfilling the role expectation of society in rearing an average sized family. He found that foster mothers had fewer children on average than the norm and tended to marry either very early or later in life. Babcock also found that foster parents tended to marry early. Wakeford concludes that fostering may be an attempt to compensate for

what he calls 'deviant behaviour',¹⁷⁸ a finding substantiated by Fanshel (1966),¹⁷⁹ who established a significant correlation between the decision to foster and an unusual family event, for example, a death during the preceding year. Wakeford also suggests that there may be a compensation for downward social mobility; a foster child provides a social outlet to compensate for lack of social advancement.

Foster parents seem to identify with their home and their interests centre around their family. Babcock, Adamson and Wakeford all found that foster mothers gained tremendous satisfaction in the mothering role. Their social life centred around their homes. Adamson found that 57% of foster parents did not belong to any clubs and 63% spent their leisure time in the home. Both Babcock and Wakeford investigated foster parents' families of origin and concluded that many foster parents came from large family groups. Adamson, in attempting to clarify Wakeford's findings, traced the foster mothers' ordinal position in relation to siblings on the assumption that eldest children might value the role of mother more than younger children. She found that both eldest and youngest children held the role of mother in equal regard. All these findings would seem to suggest that family experience is not as important as general sociological factors.

Characteristics - psychological motives.

The first major study of the psychological needs of foster parents in Britain was by Trasler (1960)¹⁸⁰ who found that unsuccessful placements could often be linked with the foster family's inability to accept a child's individuality and his relationship with his family of origin. He concludes that this failure is due to the foster family's unreal expectations of the child or to the internal demands deriving from relationships within the foster family which take precedence

over the needs of the child.

In 1965 Jenkins¹⁸¹ studied foster parent needs in a slightly different way but produced findings which compliment those of Wakeford (1963), Babcock (1965) et al.¹⁸² Dividing the ninety-seven foster parents in her study into nineteen categories which represented their perception of motivation, she asked child care officers to rate the motivations as satisfactory or unsatisfactory. Her categories included factors such as alternative to adoption, replacement and companionship for own child, compassion for children in need, compensation for marital relationships or reparation for guilt feelings. Jenkins concluded nearly all applications masked a compensation for some deprivation. But the most unsatisfactorily rated cases were those where foster parents were compensating for guilt feelings, wanted to be important to dependants or were compensating for dissatisfaction. On the other hand, the most satisfactory applications were where foster parents said they took foster children out of compassion for needy children or as an alternative to adoption or where they were repeating a successful relationship. Her findings raise doubts about the adequacy of social work assessment since over half the sample who had been rated 'poor' by social workers had provided successful placements.

Jenkins' study agrees in part with that of Fanshel (1966)¹⁸³ who looked at seventy-seven foster families in one agency in the USA. From interviews with foster parents, Fanshel constructed a comparative scale to measure foster parents' attitudes and caseworkers' assessments of role suitability. He found that a rigid attitude to children, mistrustful attitudes and motives of what he termed 'a benefactress to children attitude' were jointly associated with poor foster care,

as was a need to make up for past deprivation by displaying pathogenic attitudes such as martyrdom. On the surface it is difficult to compare the studies of Fanshel and Jenkins. It seems that there is little relationship between Fanshel's 'benefactress of children' category and Jenkins' 'compassion for children' category. But if one equates Fanshel's definition with Jenkins' compensation for guilt then comparisons seem viable. Furthermore, if Fanshel's successful category 'open expression of affection' equates with Jenkins' 'compassion for needy children' the two research studies would seem to compliment each other.

Matching motives and needs.

The studies which relate success or failure in fostering to certain needs review the complexities in fostering situation and suggest that each placement may succeed or fail because of the matching between an individual foster family and each particular child. The child's needs will obviously vary according to his age, sex and stage of emotional development. The length of time he is to be in care may also be a significant factor so that, while one foster home may adequately provide for a child's short term needs, the same foster home may be totally inappropriate as a long term placement. Some researchers have attempted to match foster parent and child needs. Fanshel (1966)¹⁸⁴ for example, identified different characteristics of foster parents who might successfully care for babies, handicapped children and acting-out children. He found that foster mothers of babies were more orientated to private gratifications, for example, having a cuddly baby, whereas those caring for older children were orientated to social gratifications, for example, 'I am doing something useful for the community.' Using Fanshel's interview material, Babcock (1965)¹⁸⁵

provided further insight into fostering role. She concluded that foster parents who enjoyed the temporary care of young children clearly differentiated their role from that of natural parents. They were confident in their handling of babies and were less interested in older children who had more individual needs. Although lacking in flexibility of curiosity, they were stable healthy people. Taking the above two studies along with that of Wakeford (1963),¹⁸⁶ it seems that those who wish to foster very young children gain satisfaction in a mothering role and use foster children to raise their family size to that of the average. Although experiencing sorrow when children go away, they are able to accept frequent changes.

It seems that often foster parents who prefer younger children also prefer girls. Gray and Parr (1957)¹⁸⁷ found that many of their sample of foster parents wanted girls and 95% preferred the under eleven age group. Conversely, Murphy (1964)¹⁸⁸ found that foster parents who preferred older children also tended to want boys and were willing to take more than one child at once. The relationship between motivation and successful fostering of older children is very complex as Kraus (1971)¹⁸⁹ recorded in his study of successful fostering of school-aged children. He found there was little relation between success and accepted criteria of matching. Outcome seemed to be related to the age of foster parents, size of homes, and foster parents' general interest in helping a child rather than satisfaction of their emotional needs.

There is evidence from Fanshel (1966)¹⁹⁰ that foster parents who are best equipped to help handicapped children have characteristics which resemble those of foster parents caring for babies. Although his study foster parents had a lot of experience with their own children

they were not rated particularly highly in maturity by social workers who suggested that successful fostering of these children was related to an attitude of benevolent authoritarianism. Fanshel questioned this attitude and concluded that handicapped children needed to be helped to attain independence in the long term. Rich (1965)¹⁹¹ confirmed Fanshel's findings. In his sample, the foster parents were slightly older, had previously fostered babies and occasionally had handicapped children of their own.

There is conflicting evidence on the suitability of foster care for emotionally disturbed children. Defries and Williams (1965)¹⁹² suggest that fostering is not suitable for these children and quote a research study they undertook in which a sample of emotionally disturbed children were transferred from foster homes to various institutions while a control group remained with foster parents. They concluded that residential care was infinitely preferable to poor foster home care. A small study by Gil (1963)¹⁹³ supports their findings. Conversely, Fanshel (1966)¹⁹⁴ found that foster parents could be successful in caring for a group of acting-out children. These foster parents were, however, a particularly able group and different from those who preferred younger children. They had a lot of experience with their own children and were rated high in emotional maturity, flexible family relationships and identification with the fostering role. Their social life was actively concerned with community activities and they had good marital relationships. They had a professional attitude towards their role and gained satisfaction from seeing changes in the children rather than from any personal gratification. Other writers suggest that, in order to foster emotionally disturbed children foster parents may possess excessive

needs themselves. Beaulieu (1960)¹⁹⁵ suggested that it was unrealistic to look for stable foster homes but that a matching of the strengths and defects of both child and foster parent could bring success. Wagner (1962)¹⁹⁶ goes further and states that in order to foster emotionally disturbed children foster parents themselves must possess neurotic needs. He claims that stable homes often have a need to remain stable so that they cannot tolerate acting-out children.

Finally, there is contrary evidence from Stanton (1956)¹⁹⁷ which suggests that the needs of foster parents and their ability to give affection are not synonymous. He supports his case by describing how a group of parents were persuaded to care for foster children and were as successful as a group who had volunteered.

To conclude: it seems that successful fostering is largely dependent on how far the needs of foster parents are compatible with those of foster children. Therefore, different characteristics may be desirable in foster parents who wish to take younger children from those who are able to cope with older, emotionally disturbed children. For the latter, it seems that flexibility and maturity are two key assets.

Length of time in care.

As we have seen, many of the studies of children in care have focused on the adverse effects of substitute care and have investigated the reasons for the high rate of success and failure to both residential and foster care. Apart from official Home Office statistics on children in care, there are four British studies which have investigated the realities of long term care and which have, in varying degrees, tried to account for the length of time children remain in care. The first of these is Gray and Parr's official

survey (1957)¹⁹⁸ which took a random sample of one thousand, seven hundred and seventy-six children from twenty authorities. They found that two major reasons accounted for the majority of children who came into care; the confinement of the mother, and other short term illnesses of parents and guardians. They also found the highest boarding out rates were associated with children who had no parents or one parent in desertion, together with children whose parents were mentally defective. Illegitimacy was very high (35.3%) in comparison to the national average (4 $\frac{1}{2}$ %). The average length of time a child remained in care was 1 $\frac{3}{4}$ years. 31.3% of those coming into care were still there three to six months later, just over 20% had been in care for less than one year and 12% for ten years or more. As many as 19.2% of children had been in care previously at least once. Only 2.9% of children in the study were orphans but boys were more heavily represented than girls. Nearly one fifth (19.3%) of children came into care under one year old.

In a small study around the same time, Mitchell (1959)¹⁹⁹ found that one hundred and ninety-four out of two hundred and seventy-three admissions were due to illness of parents or maternity and six were due to unsatisfactory home conditions. These conclusions would seem to support the work of Gray and Parr.

The second major British study in this area is that of Packman (1968)²⁰⁰ who studied the differences in needs and services of fifty local authorities. She took Gray and Parr's findings on the causes of long and short term care a step further by establishing a relationship between reasons for care and length of stay. Like Gray and Parr, Packman concluded that, whereas physical parental illness was the main reason for short term care, long term care was often the result of

illegitimacy (25%) and desertion (17%). In general, where children were in long term care there was no single reason for admission. There were some striking factors. The predominance of the incomplete or broken family was more pronounced in the case of children who were admitted for long term care (only 21% of families were intact at the time of reception into care). Homelessness and mental illness were also critical factors. Investigating the backgrounds of children who came into care, Packman found that in short term cases, children tended to come from large families but in long term cases, 38% of children were 'only' children. Children in their first five years of life seemed to be the most vulnerable when it came to predicting the length of stay in care. The parents also displayed definable characteristics. Parents whose children were in long term care tended to be younger. The lower social classes were heavily represented and 20% of all fathers were unemployed. Families tended to move frequently and haphazardly. Council home dwellers were over-represented and families tended to be living in more overcrowded conditions than the national average.

These findings are supported by the large scale National Child Development Study (1969)²⁰¹. Looking at a group of three hundred and fourteen children, part of some fifteen thousand in the main study, who spent a part of the first seven and three quarter years of their life in the care of the local authority, the study found that nearly a quarter of the children were illegitimate. Their mothers were considerably shorter than the mothers of other children and also tended to be younger than mothers of the same class. Twice as many mothers were under twenty years old when the child was born. The children themselves were more likely to be born at less than full term and

have lower birth weights. 40% of the children who had been in care and had been discharged to parents or relatives were living in overcrowded conditions which had fewer facilities than the rest of the cohort. As a group, the families were more mobile and children had more changes of school. Half the children in the sample were rated by their teachers to be either poor readers or unable to read at all. Regarding length of stay, 25% of children had only one period in care lasting four weeks or less; 66% were in care for no more than a year. It was only the minority who remained in long term care.

In 1970, Walton and Heywood²⁰² set out to investigate the situation of children in care in Manchester. They compared their sample with that of Gray and Parr (1957) and concluded that a picture emerged 'of a small proportion of children in care at any one time who were short term, but who accounted for a high proportion of all admissions over a year.'²⁰³ Conversely, children whose reasons for admission were only a small proportion of admissions over a year, formed a high proportion of children in care at any one time. They found that since 1957, there had been increases in the proportion of children admitted because of their mothers' desertion, long term mental illness and committal to care. Although there had been a reduction in the average length of stay, an almost identical proportion of children had been in care ten years or more, (11.7% in 1957 and 13.5% in 1970). The incidence of illegitimacy was 33% (2% fewer than in 1957) and of handicap 16.6% (1957 sample 17.5%). At the time of admission to care nearly one third of the children were living alone with their mothers, a higher proportion than in 1957. The children also came from families where there was a high

proportion of fathers in social classes IV and V who were unemployed or irregular workers. Family income was low with at least a quarter of families relying on supplementary benefits. Just over a third of the children in the sample had been in care previously at least once, and a quarter were known to three or more agencies apart from from the Childrens Department.

Finally, in their recent study of children in long term care Rowe and Lambert (1973)²⁰⁴ found that out of the two thousand, eight hundred and twelve children in the study rehabilitation was expected for only about 25%. 61% were expected to remain in care until they were eighteen years old. Children in Scotland appeared to stay in care longer than their English or Welsh counterparts. 55% of school aged children had already been in care for more than four years and most of the children had been in care for the greater part of their lives. 80% of the children were under five years old on admission and 51% were aged less than two years when admitted. Many of the children were illegitimate (50%); one child in every five in the study was coloured although the proportion in each agency varied from none to more than 50%.

Overall, the findings of these studies tend to suggest that children who remain in long term care are admitted because of long term illness, mental illness or desertion of either parent or illegitimacy. The reasons for admission are however, by no means simple and the complexity of the situation at reception into care would also seem to be a pointer towards length of stay. Children in care generally tend to come from materially deprived homes and have parents who are often younger than the national average. The age at which the child is admitted also seems a significant factor.

In the United States and Canada there have been at least four studies which would support the British findings. Maas and Engler (1969)²⁰⁵ followed up a sample of children who came into care in 1957 and ten years later concluded that the average length of stay for children was two to five years, and that, the longer children stayed in care the less chance they would have to leave it. About half the children in most communities in the study had parents who had no plans for the child's future and many had parents who were no longer married to each other.

In a Montreal study in 1960-63 where the records of four hundred children taken into foster care were examined, Murphy (1968)²⁰⁶ found that it was possible to predict the duration of foster care. Murphy discounted the principle reason for placement as an influential factor, saying that 'families often present more than one reason for placement.'²⁰⁷ He found that two most significant factors were that the mother's age at placement and the separation that a child had experienced before being received into care. The proportion of children requiring long term care increased for mothers in their early twenties, decreased again to an extremely low figure for mothers in their early thirties and then increased again as the mother approached and exceeded the age of forty. In the age group 22-27, if a mother had borne four or more children for whom she had requested foster care, long term placement was almost inevitable. Murphy concluded that, up to a point, 'it becomes increasingly easy to persuade or to assist older women to re-establish homes for their children as they move towards middle age.'²⁰⁸

In contrast to Murphy, Jenkins(1967)²⁰⁹ found that the reason for placement was particularly relevant in assessing the length

of stay of children in foster care in New York. She found that the physical illness of the mother was associated with short duration of foster care for the child. Families with emotionally disturbed children made up 35% of those in care for two years or more, and those who remained in care the longest came from families where the mental illness of the mother and severe neglect and abuse of the child had been the cause of placement. Only 25% of all children in the sample stayed in care for two years or more, but children who remained in care three months or more had less chance of an early return. Looking into the families' background, it was apparent that the one parent family constituted 51% of the short term placements but only 36% and 39% of the two long term groups (under and over two years). Jenkins concluded that urgent environmental pressures brought more children into care but did not necessarily mean that they would remain in care. Social and psychological rather than economical reasons were associated with long term care. By far the most comprehensive study on factors contributing to children's length of stay in care is that of Fanshel (1971, 1975, 1976).²¹⁰ This is the only study to date which has attempted to correlate a multiplicity of factors, all of which may contribute, in varying degree, to the return of children from care.

Reporting on his five year study of six hundred and twenty-four children in care, Fanshel (1971)²¹¹ found that the greatest exit from care was achieved in cases where physical illness of the child-caring person, usually the mother, precipitated the need for substitute care, and about 55% of such children returned home within a year. By contrast, this was true of only 12% of children who experienced separation because of their own behaviour difficulties,

and only 18% of those who had been abandoned. Almost twice the proportion of children who entered care because of mental illness of the child-caring person were likely to remain in care for an extended period. The younger a child entered care or if his behaviour was the primary reason for placement, the more likely he was to remain there. The most vulnerable children were those born out of wedlock whose mothers or other child-caring persons became mentally ill, black Catholic children who came into care by way of court involvement, Puerto Rican children who had been abandoned or whose mothers or other child-caring persons had become mentally ill, and black children who came into care because of the physical illness of their mothers or who were admitted because of neglect.

In his most recent report on the study findings, Fanshel (1976) concludes that, while the relationship between return and social background, reason for care and age of children reflects that established by Maas and Engler (1969), findings in relation to the time factor are very different. Fanshel reports 'the data tends to contradict the notion, originating from earlier research (Maas and Engler) that unless children leave foster care within the first or second year after entry they are doomed to spend the rest of their childhood in care. In our sample, almost a fourth of the children left care after a sojourn of two years. The practical implications of this seem obvious: even three, four or five years after a child's entry into care, one need not give up hope of his eventual return to his own home.'²¹²

Fanshel's study introduces two other important factors into the rehabilitation process; contact between parents and children and social work activity. Contact was an important indicator for

rehabilitation throughout the five years of the study. Social work activity gained particular significance after two years in care. It is important to note that Fanshel could not establish whether social work activity contributed to return or whether a family's readiness for return caused social work activity. All that could be established was that increased social work activity tended to precede rehabilitation.

The part played by parents in the rehabilitation process has also been pointed out by Jenkins and Norman (1969).²¹³ Their study is important since it suggests that parental attitudes towards reception into care may be used as pointers towards rehabilitation. Jenkins and Norman concluded that parental expressions of anger, bitterness and worry at reception into care were significantly associated with cases in which children were discharged from care prior to one year. Conversely, parents who felt ashamed, sad or relieved tended to leave their children in care. Such investigation into feelings of filial deprivation adds a new determinant to the factors which may influence the length of stay of children in care but ultimately, it may be that the importance of their findings lies not so much in using expressions of filial deprivation to predict return from care but in using these feelings to measure the intensity of social work activity required to bring about return. Passive parents may need more help than those who can externalise their emotions.

The conclusions of these studies can be summarised as follows: children who remain in care seem to come from families who may be more socially disadvantaged than many others. Sometimes these families are more mobile and therefore lack the support of relatives and friends. Reasons why children in long term care are admitted

to care in the first case vary. Often these admissions are marked by their complexity but mental illness and parental desertion have been specifically identified as indicators of long term care. Furthermore, children who enter care at an early age may be less likely to return home.

While a child's chances of return are most propitious during the first year in care, children may not be debarred from rehabilitation simply on the grounds of several years' stay in care.

Finally, contact between parents and children in care and social work activity seem to be of considerable significance in the rehabilitation process.

Autobiographical accounts of care

In concluding this review of the research, it is inevitable some account should be taken of the autobiographical material which has been written. While such material is mainly descriptive and cannot be counted as research proper, it does present consumers' views on the experience of growing up in care. The accounts of life in care given by Hitchman (1960)²¹⁴ and Thomas (1964)²¹⁵ are well known. There is also an account of growing up in care in Scotland by Sinclair (1956)²¹⁶ who outlines the rigidity of life in a Scottish children's home, where the relationship between the house-parent and children was clearly defined as ruler and ruled. A poignant account of a child's feelings on leaving care at eighteen is given by Melville (1973)²¹⁷ who describes the difficulties of facing adult life in the outside world after many years in an institution. Finally, the work of Timms (1973)²¹⁸ provides an interesting contrast between the demands made on a child by residential care and foster care. There are no doubt others, all of which contribute to the total picture of the child in care and his family.

Chapter 3

Aims and methodology

Background to the study

Chapter 2 showed that previous research about children in care has tended to concentrate on three areas: the effects of separation, the role of those looking after children in care and to a lesser extent, the relationship between these caretakers and social workers. There has been very little research on the part played by the parents in the caring process and still less on the meaning of local authority care for natural parents. It was with these gaps in mind that the present study was evolved.

Theoretical considerations

Before describing the main aim of the study it is necessary to discuss the assumptions from social work theory upon which it has been based.

The first assumption is similar to that in Rowe and Lambert's study (1973), 'that every child has a right to a family of his own.'¹

The second assumption, borne out of the first, is that where possible, the child's natural family should be the providers of this care since they are most likely to have most understanding of his needs and the greatest commitment to meet them. Although society has accepted the responsibility for children whose parents are temporarily or permanently unable to care for them, the assumption both in the legislation and the literature is that no child should be separated from his parents unnecessarily.²

The third assumption is that children separated from their

parents need a sense of continuity and emotional security which can best be met in an atmosphere of certainty about the future. As Parker (1971) has suggested, 'the interests of the child in long term care are likely to be best served by firm commitment on the part of those in a position of responsibility to some course of deliberate action. It may mean going all out to get the child back to his family, obtaining the best treatment for his disabilities, searching out a long stay foster home or deciding that adoption is the best course.'³

Aim of the study

It was with these assumptions in mind that the study was evolved with the primary aim of identifying factors which might influence the length of children's stay in care. Although no claims can be made that this study's findings which relate to two Scottish local authorities, could or should automatically be applicable to other departments, it was hoped that the study might have value in identifying factors indicating for or against the return of at least one group of children in long term local authority voluntary care.

One of the major areas influencing the exit of children from care is the part played by parents. It is important for the following reasons: firstly, parents' social circumstances brought children into care; secondly, the interaction between parents, social workers and those providing substitute care will affect children's circumstances while they are in care; and lastly, the parents' ability to provide for their children will influence the timing of their exit from care.

Taking into account these three aspects, it is inevitable

that any influence the parents may have on the process and outcome of care will depend not only on their own circumstances and actions, but on the nature of their interaction with all the other parties involved. Therefore, any evaluation of the factors likely to influence the length of stay of children in care should include not only the place of the parents, but the additional factors likely to effect the parents' position in any way. This led, therefore, to five main areas for evaluation:

1. The social circumstances that brought children into care.
2. Children's circumstances before and during care.
3. The part played by natural parents at reception into care and during the placement.
4. The contribution made by those looking after the children in care.
5. The activity of the agency.

These factors are not necessarily exhaustive; there may be others which are of equal importance. This study is simply trying for the first time to identify and relate to some of the factors which may be influential in this important area of social work practice. To aid this process, knowledge about practice derived from other research and social work literature will be related to the findings of this study. The inclusion of these two elements is extremely important. Both contribute to the body of abstract knowledge upon which social work practice is based, the literature by providing theoretical ideas and research by testing these out through evaluation of practice. The study continues this process in two ways; firstly, by testing how far the theoretical assumptions under which the research study was conceived are supported by the

findings and secondly, by indicating in what areas practice might be improved.

The sample

Having defined the aim of the study the next task was to establish the sample. In doing this, several important factors were taken into consideration.

Choice of the study Social Work Departments

The two Social Work Departments used in the study were the City Department which serves one of the largest cities in Scotland, primarily regarded as a major commercial and cultural centre, but which supports a variety of light industry, and the County Department which serves the townships surrounding the City. Geographically, the County covers a wide area which embraces mining towns, small industrial and weaving towns and a new town built to house the overspill of the study City and another large conurbation in the lowland industrial belt of Scotland.

These Departments were chosen mainly through expediency but also because they afforded comparisons of two different areas, one totally urban and one to some extent rural. It is relevant to compare these two with others serving boroughs and counties in the rest of Scotland. In 1970, the average number of children in care per thousand (all categories of care) in Scotland was 6.9.⁴ Although the County Social Work Department represented the average with 6.8 children per thousand in care, the City over-represented the average with 9.4 per thousand being in care.⁵ The deviation from the average in the City Department is not unusual. The larger proportion of children in care in urban areas has been pointed out by Packman (1968)⁶ and in this study was consistent

with the over-representation of children in care in other Scottish cities (for example, Aberdeen 10.4 and Dundee 9.5).⁷

Ideally the researcher would have liked to have drawn the sample from all the children in both Departments who fulfilled the selection criteria, but the limitations imposed by the presence of one researcher, the time span allocated to the study and finances did not permit a sample of this magnitude. Therefore, in consultation with senior members from both Departments, the sample source was confined to two of the area offices out of the four in the City and two from the five in the County, chosen to represent different social communities. In the City, one area office covered a well-established community based around the City's port while the other served a densely populated area dominated by a very large post-war housing estate.

In the County one area office served the new town and its surrounding villages while the second was based mainly in a small industrial town but manned a sub-office in a weaving town in the south.

Factors considered in selecting the sample:

1. Selection of the sample from children in voluntary care

Since the aim of the study was to identify factors influencing children's length of stay in voluntary care, the sample was confined only to cases where children would have been eligible for admission to care under section 15 of the 1968 Social Work (Scotland) Act, with the exception of a minority of cases where children had been received into care for child abuse under section 66 of the 1937 Children and Young Persons (Scotland) Act. These latter cases were included after consultation with a senior member of the City department who suggested that in the past there

had been a fine distinction between voluntary and involuntary admission to care of cases of child abuse and that exclusion of the involuntary admissions would have been unrealistic.⁸

2. The definition of long term care

Local authority annual returns suggest that the majority of children who have come into care remain there for only a very short time. In 1970 for example, 49% of children in care (all categories) were discharged within six weeks of admission.⁹

National research studies (Gray and Parr 1957¹⁰ and Packman 1968¹¹) confirmed that these children are generally admitted to care because of their mother's confinement or short term illness and that, in the majority of cases, the length of stay is pre-determined. Since the aim of this study was to look at the effects of long term care on children's return, the very short term families were excluded and the sample was confined to children who fulfilled the selection criteria and who had been in care for not less than twelve weeks.¹²

3. The limitations of a retrospective sample

Ideally, in trying to assess the effects of long term care on the return of children to their parents, the researcher would have liked to have followed the model adopted by Fanshel (1971)¹³ who followed, over a period of five years, a group of children who had been admitted to care within a fairly short space of time and assessed the outcome for all children after specified periods of time. Unfortunately, the limitations of time and finances prevented the adaptation of this model to the current study. Therefore, the researcher used another approach employed by previous British studies which was to evaluate factors retrospectively (Gray and

Parr 1957¹⁴ Packman 1968¹⁵).

The major disadvantage of this method is that it involves evaluation of admissions to care over a period of several years and may therefore be influenced by changes in social conditions, departmental policy and practice, and increases in preventive services. Some reassurance was gained from a comparison of other research studies separated by a gap of several years. Although there had been some redistribution between the categories of children in care, over fifteen years, as shown by the studies of Gray and Parr (1957),¹⁶ Packman (1968) and Walton and Heywood (1971),¹⁷ for the most part the reasons for children's admission to short and long term care had remained relatively stable between 1957 and 1971. Therefore, it was thought that evaluation of factors which had caused children's admission to care five or ten years before the commencement of this study could still be counted as fairly reliable predictors of some of the factors indicating for long term care.

4. Children should theoretically have the opportunity to return home

In order to evaluate the part played by parents in children's return home, it was essential that children should have had the opportunity at least in theory, to return to one or both parents. On this basis, two categories were excluded: orphans and children whose parents had requested adoption.

Children who had been made the subject of Resolution Orders under Section 16 of the Social Work (Scotland) Act (previously Section 2 1948 Children Act) were included, since there was no reason theoretically why Orders could not be revoked and children returned home.

5. Measuring length of stay in care

Using the above criteria to select the sample, a further sub-division was made between children who were currently in care at the time of the study and those who had returned home. Throughout the study, these will be referred to as the return group and the in care group. Their characteristics were as follows:

- a) the return group - all children fulfilling the above criteria who had been in care at least twelve weeks and who had returned home in the twelve months preceding 1st January 1970.
- b) the in care group - all children who had been in care for not less than twelve weeks on 1st January 1970. Length of stay was measured to this date.

The return period was limited to the twelve months prior to the study to minimise the problems of accurate memory recall on the part of the research participants.

There were two main problems involved in measuring the characteristics of the return group against those of the in care group. Firstly, inclusion of all families in the return group had to allow for a wide variation in children's length of stay in care. The researcher took note of the predictive study by Fanshel (1971)¹⁸ who found that, even children who returned from foster care after several years tended to have characteristics similar to those discharged earlier and different from those who remained in care.

The second problem was that there was no way of telling whether the children who were in fairly short term current care would be likely to return home or not. Gray and Parr (1957)¹⁹

suggested that the average length of stay of children in care was one and three quarter years, but on their own admission, this was, at best, only a rough guide. To counteract this problem as far as possible, a scale was devised whereby the number of years a child had been in care was recorded, as well as whether he fulfilled the criteria of the return group or the in care group.

When in fact, the data was analysed, it was found that over 90% of families were reunited within two years of children's admission to care and within this group, well over half returned within the first year. Conversely, only 6.2% of families in the in care group had been separated for under one year and a total of 28.7% for less than two years.²⁰

Since the majority of the return group were reunited with their parents within two years, while almost three-quarters of the in care group had been in care for over two years, it was thought that comparisons should be generally made on a return/non return dichotomy with the sample divided simply between the return and in care groups.

Where however, the major factors in the study were to be evaluated, these two groups have been divided into a further five (two in the return group and three in the in care group). In Fanshel's study (1971)²¹ the major exit from foster care had taken place within one year of admission. On the basis of this finding, in the return group, it was thought it might be important to identify the characteristics of children who returned home within one year of care against all others who returned home. In the in care group, since the delineator for the major exit from care

from previous British research (Gray and Parr 1957)²² seemed to be around the two year mark, a separate category was made for children who had been in care for less than two years. The two other categories were divided between children who had been in care from two to five years and those who had been in care for over five years.

To summarise, the sample was selected on the following criteria:

1. Children had been received into care under Section 15 Social Work (Scotland) Act 1968 or under Section 66 the 1937 Children and Young Persons (Scotland) Act.
2. Children who were the subject of a Resolution Order under Section 16 of the Social Work of Scotland Act (previously Section 2 in 1948 Children Act) were included.
3. All children who were orphans or whose parents had requested adoption were excluded.
4. All children in the study had been in care for a minimum period of at least twelve weeks.
5. The sample was divided into the return group and the in care group.
 - a) Children in the return group had been in care not less than twelve weeks and had returned home during the twelve month period prior to 1st January 1970.
 - b) Children in the in care group had been in care for a minimum of not less than twelve weeks on 1st January 1970 and their length of stay in care was measured to this date.

The enumeration of the sample on a family basis

Since the main aim of the study was to identify factors within children's families that might contribute to their return from care, it was decided that information should be gathered on a family basis rather than on a child basis. Previous research studies²³ have tended to follow the guidelines of official annual returns by counting the sample on the basis of each child in care. In any evaluation of parental attitudes towards the caring process or of caretakers' and social workers' attitudes towards parents, a sample measured on a child basis may over-represent the statement of a particular participant. Therefore it was decided to depart from previous research practice and adopt a model whereby each family was ascribed one variable, except where certain conditions held.

From preliminary exploration in the study Departments, it became clear that not all children from the same family were received into care or discharged in identical circumstances. Accordingly, each natural family was ascribed one extra variable where children had been received into care on different occasions and was ascribed a second variable where children had been discharged at different times. This sampling method was used as a basis for selection when evaluation was being made of parental circumstances at reception into care.

As will be shown later in the chapter, there were a minority of families where both natural parents were interviewed. Part of the aim of the study was to evaluate the attitudes of each natural parent to the caring process. Therefore when evaluation was being made of parental attitudes throughout the study, each parent was

ascribed one variable rather than each family.

Even though the majority of children had been received into care and discharged in identical circumstances, they had been placed in different homes. A large six sibling family, for example, might be placed in three different foster homes. Therefore, when parents were asked to provide attitudinal answers on the care their children were receiving, in addition to the criteria for reception into care and discharge in different circumstances, each child whose entrance or exit to care had been in identical circumstances but who was placed in a different home from his siblings was ascribed an extra variable.

In evaluating the attitudes of the study caretakers towards natural parents each caretaking family was ascribed one variable in relation to each natural family about whom they were talking. The exception to this occurred in cases where children from the same family had been received into care or discharged at different times. Here, additional variables were added in the same way as they had been for natural parents.

There were similar divisions in relation to the views of social workers, who were asked to express different views on the circumstances of natural parents whose children had come into care at different times.

Additionally, where social workers were asked to evaluate children's placements, an extra variable was added for each child who had been received into care or discharged in identical circumstances but who were in a different placement.

Although this method created a variation in sample throughout the study it was thought that, on balance, it provided a more

accurate assessment of circumstances and attitudes than data which was child based. At the beginning of each chapter the type of sampling used in that chapter is identified.

Sources of information

There were four main sources of information in the study.

1. Social workers' case records.
2. Social workers.
3. Natural parents.
4. Those providing care for children - termed generically 'caretakers' and specifically, foster parents and houseparents.

With the exception of Adamson (1969)²⁴ who interviewed foster parents and George (1970)²⁵ who administered postal questionnaires, most major British studies of children in care in existence before the commencement of this study, used case records as a source of information. These have been criticised by Rowe and Lambert (1973)²⁶ on the grounds that records are written for the purpose of monitoring the progress of the case and do not necessarily contain the information required by a particular research study. Yet in spite of this criticism, Holman (1973)²⁷ believes that case records may serve two useful purposes. Firstly, they collect certain identical items of information on each child and his family's circumstances at reception into care which are prescribed by legislation. Secondly, records include social workers' assessment of each family and the placements. While these are indubitably subjective, Holman (1973) suggests that 'social workers are trained to be aware of their own motives and needs which may influence their perception; hence their records are probably more

reliable than most.²⁸ With these factors in mind, records were used in this study to provide background information on family circumstances at reception into care.

Although records were a valuable research resource in this respect, it was decided that the type of information required to identify other factors contributing to children's length of stay in care could only be obtained from interviews or postal questionnaires. It was decided to use the former for natural parents and caretakers and the latter for social workers. Interviews were conducted between May 1971 and August 1972. Social worker questionnaires were administered between June 1971 and April 1972.

Information from social workers

It became clear, as Rowe and Lambert (1973)²⁹ found, that the success of the study would depend to a large extent on the co-operation of the social workers. The researcher was told by senior members of both Departments that social workers were already overstretched and therefore every attempt should be made to keep their participation to a minimum.³⁰ To adhere to this request, social workers were asked to fill in a short postal questionnaire (outlined in Appendix 3).³¹ The researcher personally explained the purpose of the questionnaire and provided a stamped addressed envelope for its return.

Information from parents and caretakers

Information from parents and caretakers was gained in the form of two interview schedules administered by the researcher which are outlined in Appendix 1 and Appendix 2.³²

Several problems were associated with the dependence on interview and postal questionnaires and, to a lesser extent inform-

ation from case records. These were:

1. Ensuring the co-operation of the research population and the administrative facilities in the study Departments.
2. Problems of memory fallibility in interviews.
3. Problems of validity and reliability of the data given by the participants.

The first problem was of considerable importance.

Access to case records

The researcher received maximum co-operation from both social workers and administrative staff in the two study Social Work Departments in securing the relevant information from case records.

After giving social workers in each of the four area offices a verbal explanation of the aims and method of the research study at Area meetings, the sample was selected with the help of individual social workers and checked against the records provided by administrative staff. This double check helped to ensure that the total sample population was included in the study.

Gaining access to the research participants

Mayer and Timms (1970) have suggested that, in the past, social work agencies 'have been extremely reluctant to grant researchers direct access to clients, particularly if the researchers are not employees of the agency and are non members, professionally speaking, of the social work community.'³³ They put forward three arguments for this reluctance; firstly, that facilitating contact between researchers and clients constitutes a breach of confidentiality on the part of the social worker and would thus be unethical. Secondly, research interview may in some way damage the worker's relationship with the client. Thirdly, it is sometimes

held that research interviewing may prove emotionally upsetting for the client thereby influencing adversely the social worker's therapeutic task.³⁴

To a large extent, in the present study, these problems did not prove insurmountable. There were two reasons for this; firstly, the researcher was a professionally trained social worker; secondly, she was known personally to many of the social workers in the two study Departments and was therefore seen as a 'trusted' person who would be unlikely to breach confidentiality and who would understand the adverse effects which a research interview might have on a social worker's relationship with their clients.

In spite of this, there were a minority of cases where social workers felt that the researcher's presence would upset natural parents or caretakers and there were other cases where social workers did not wish natural parents to be traced. The researcher felt obliged to adhere to their professional judgement in these cases.

Social workers were approached personally for their co-operation in contacting natural parents and caretakers and in completing their postal questionnaires.

Contacting natural parents and caretakers

In collaboration with social workers, two ways of approaching these participants were devised. Either the researcher wrote a letter direct to the natural parents (see Appendix 4)³⁵ or an initial approach was made by social workers who conveyed the researcher's letter to the participant and elaborated verbally on the aims of the research. In either case, a definite date for

interview was suggested with a choice of venue, either at the participant's home or the researcher's office with the additional offer of travelling expenses if the latter venue was chosen. A stamped addressed envelope with a tear off slip for reply was included with each letter.

If a reply was not received within two months, the researcher sent a follow-up letter and where possible, engaged the co-operation of social workers in asking potential respondents if they were willing to participate.

The total research population and the actual research population

The total sample population of families who fulfilled the selection criteria was two hundred and eight, who between them had a total of four hundred and forty-five children in care. Adding the additional variables described above, this would have meant that ideally the views of parents were being expressed on children from two hundred and twenty-two families, who were in a total of two hundred and forty-five different placements. Similarly caretakers would have been expressing views on the parents of children in these two hundred and forty-five placements.

The needs of both these parents and the caretakers were met by a total of forty-seven social workers who would have been expressing views on the two hundred and twenty-two families in the study and on the two hundred and forty-five placements.

The actual numbers of the three groups of research participants who provided information were considerably reduced for several reasons.

Reduction in the sample of natural parents

Table 3:1 shows that there were several ways in which the

Table 3:1 Factors affecting the response rate of natural parents
- original sample 208 families

	Mothers		Fathers	
	No.	%	No.	%
Parent dead	8	3.8	3	1.5
Whereabouts unknown to Social Work Department	49	23.6	86	41.3
Letters returned by G.P.O.	27	13.0	22	10.6
No reply to first or second letter	52	25.0	52	25.0
Request for no contact from social workers	14	6.7	19	9.1
Refused to participate	16	7.7	8	3.8
Interviewed	42	20.2	18	8.7
Totals	208	100	208	100

total sample of parents was reduced to a final interview sample of sixty parents. As the table shows, 3.8% mothers and 1.5% fathers were dead. Secondly, the whereabouts of 23.6% of mothers and 41.3% of fathers were officially unknown to Social Work Departments at the time of the study. In the case of a further 13% of mothers and 10.6% of fathers, initial letters sent out by the researcher were returned by the G.P.O. This meant that over one third of the study mothers and over half of the study fathers were missing. One of the reasons which may account for this extremely high percentage of parents whose whereabouts were unknown to the Departments was that there appeared to be a high mobility rate among this group and as will be shown in Chapter 4, another may be that eviction formed the reason for care among a substantial number of the study families.³⁶

A third reason accounting for the absence of both mothers and fathers was the large percentage of one parent families in the study. It is of interest that both these factors had been reported

by at least two other studies (Packman 1968³⁷ and Walton and Heywood 1971)³⁸.

In the case of a further 25% of both mothers and fathers, the researcher received no reply to the initial letter or to the second letter. In all of these cases social workers had minimal contact with parents and in no case had been willing to make the initial approach to parents on behalf of the researcher.

In the cases of 6.7% of mothers and 9.1% of fathers social workers requested the researcher did not contact the parents, on the basis that this might cause disruption for the child by 'stirring up memories and making him insecure'.³⁹

Finally, a small percentage of 7.7% of mothers and 3.8% of fathers refused to see the researcher. This left a total of forty-two mothers (20.2%) and eighteen fathers (8.7%) who were interviewed.

In their study of working class clients, Mayer and Timms (1970)⁴⁰ suggested that one way in which a high response rate might be obtained is to assume that no reply indicates a willingness to be interviewed. This method was adopted in the study for the second letter to both parents, but resulted in only one interview; in other cases, the researcher made several fruitless journeys only to find parents had moved or were out. This approach was therefore abandoned.

Caretakers

Table 3.2 shows that the response rate for caretakers was considerably better than for natural parents. 72% of foster families were interviewed and almost all (92%) of houseparents.

Table 3:2 Factors affecting response rate of caretakers - original sample foster homes and children's homes 38

	Foster homes		Children's homes	
	No.	%	No.	%
No reply to first or second letter	7	7.5	2	5.2
Request for no contact from social workers	11	11.8	1	2.8
Refused to participate	8	8.6	-	-
Interviewed	67	72.0	35	92.0
Totals	93	100	38	100

Table 3:2 shows that only 7.5% of foster parents and 5.2% of houseparents failed to reply to the researcher's request for participation. In a further 11.8% of foster homes, social workers requested that the researcher did not visit, describing the situation as 'tricky' or 'delicate'. A similar request was received from a voluntary agency about contacting one small children's home. Finally, although no houseparent refused to see the researcher, 8.6% of foster parents did not wish to be interviewed.

In the cases of the foster homes and children's homes where no reply was received from the initial letter, a second letter was sent and, in four cases, social workers discussed the study with the potential participants. In no case did their action evoke a reply and these cases were discounted from the sample.

The influence of social workers was an important factor in gaining the co-operation of foster parents and to a lesser extent of houseparents. In forty-one out of the sixty-seven foster homes and in ten out of the thirty-five children's homes, social

workers had made the initial approach.

The response of social workers

Since the response of caretakers to this study was by any standards very high, it might have been expected that there would be a similar response rate among social workers, but only twenty-seven out of the forty-seven social workers in the study representing 56.3% returned their postal questionnaires in spite of several personal requests made by the researcher.

The low response rate of social workers was particularly disappointing after their initial agreement to participate in the study. It may be attributed to several factors. Firstly, there was a high turnover of social work staff, particularly in the City Department, so that at least six social workers had left the Department in the middle of the study before returning the questionnaire. Although their replacements could have filled in the questionnaire, it was felt that their knowledge of the study families would be so limited that it would be of little value. Secondly, the low response rate may have been attributed to the pressure of conditions under which social workers were working. Thirdly, some social workers may well have been sceptical of the value of the research study. The response rate was particularly low in one area where the area officer, although agreeing in principle to his social workers' participation in the research, showed an obvious lack of enthusiasm about the project.

The research schedules

The research schedules for natural parents and for caretakers were designed to include factual information from the files and to provide

structured schedules from which the researcher could conduct the interviews. Discrepancy between the styles of different interviewers was eliminated since the researcher was solely responsible for conducting the interviews.

Tape recording facilities were not available but the researcher attempted to record responses in writing with maximum accuracy during the interview and to add any additional information as soon as possible after the completion of the interview.

The recording schedules were structured so that both the questions and the order in which they were administered were predetermined in each interview. An attempt to counteract any rigidity which might have resulted from this structure was made in two ways. Firstly, the researcher allowed the interviewees to digress and develop subjects which were of special interest to them for some time before bringing them back to the schedule. This sometimes produced valuable descriptive information. Secondly, questions were constructed to allow for spontaneous elaboration of the main points.

The questionnaire was constructed in the manner suggested by Goode and Hatt (1952)⁴¹ and Holman (1973)⁴² so that questions would develop in a logical manner in order to maintain the respondent's interest. An attempt was also made to begin the interview with more factual questions and proceed to the more complex attitudinal questions at a later stage by which time it was hoped that the respondent would have gained sufficient confidence in the researcher to trust her with these more emotive responses. A further safeguard was that, wherever possible, a highly emotive question was both preceded and followed either by a factual or neutral question.

Types of questions used

Both closed and open-ended questions were used in the study. Closed questions were used in all cases where an unambiguous reply was appropriate. In this sense they were confined to questions of fact and for the type of question discussed by Oppenheim (1966), where factual is 'used to distinguish this type of questions from others thought to be more difficult to design, that may deal with knowledge, motives or attitudes.'⁴³ Some additudinal answers which had been tested successfully in previous research studies⁴⁴ were presented as closed questions. For example, caretakers were asked 'How would you define a social worker?' and were given a range of five answers: friend, colleague, inspector, someone from the Department, don't know.

As Holman (1973) has pointed out, the 'closed question has the advantage of encouraging an unambiguous response, the respondent choosing one category but is not completely foolproof. Closed questions are particularly prone to the dangers of forcing interviewees to give an answer from amongst too few alternatives or of giving an opinion where they hold none.'⁴⁵ This possible fault was counteracted in two ways. Firstly, respondents were expressing opinions on subjects about which they had considerable experience. Secondly, in order to allow for cases where the respondent may not feel able to express an opinion a 'don't know' category was added. Thirdly, since the researcher administered all the questions, she could offer further explanations of each definition if it was misunderstood.

Open-ended questions

The majority of questions used in the study were open-ended,

defined by Philip et al(1975) as 'allowing the respondent freedom in the manner in which he answers the question.'⁴⁶

Two forms of open-ended question were used, the first, in which the respondent was allowed to reply and elaborate on his answer in whatever way he wished and the second, in which he was asked to qualify an attitudinal statement before elaborating on its content. In a sense, this second type of question cannot strictly be classed as an open-ended question for, while it had some attributes of this type of question it also demands the same type of specificity found in a closed question.

So for example, a parent would be asked, 'If your child's foster parents/houseparents wanted to make him legally theirs, how would you feel about this?', and were given a range of possible replies: agree strongly, agree with reservations, disagree with reservations, strongly disagree, don't know.

Although open-ended questions allow the respondent to choose his answer, one of their dangers is that they may encourage a socially accepted response. Social workers for example have a statutory duty to visit foster homes so that, if foster parents are asked 'Do you think social workers should visit you?' they may feel obliged to go along with the implication of this question. If however, the question is phrased negatively, 'Do you think that social workers should not visit you?', this leaves the respondent free to contradict the statement or to express a view which may be atypical. Wherever possible, in questions which demanded an attitudinal response, this type of sentence construction was used.

The source of questions

Some of the questions which referred to areas which had been

researched previously were modelled on those used in other studies. Of particular influence were the work of Adamson (1969)⁴⁷ and George (1970)⁴⁸ who had developed questions to test a foster parent attitude towards parents and social workers and Holman (1973)⁴⁹ whose research into private foster care was ongoing at the time of the study. There are two advantages of using material from other research studies; it has already been tested successfully and it gives the opportunity to test out the reliability of the previous results.

The researcher had the opportunity to test the reliability of her own questions through collaboration with Thorpe (1974) who used some of the questions developed in this study in her work on The Social and Psychological Situation of the Long Term Foster Child with regard to his Natural Parents.⁵⁰ Comparisons between Thorpe's findings and those of the study are referred to in the discussion where appropriate.

Reliability

Moser (1958) defines reliability as 'the extent to which repeated measurements made on the same material, by the same measuring instrument would get the same result.'⁵¹ One way of testing for reliability was that described above, to see if the methods used in one piece of research produce similar results when they are used in a subsequent study. A second way in which the reliability of the study could be ensured as far as possible was by the design of the research schedules and by the administration of these schedules to the respondents by one researcher in, as near as possible, the same way in each case.

The third way in which reliability of replies was tested came

Table 3:3 Comparisons of frequency of contact in previous year between interviewed mothers, fathers and caretakers-matched sample 72

	Caretaker says mother has				Caretaker says father has			
	Contact		No contact		Contact		No contact	
	No.	%	No.	%	No.	%	No.	%
Parent says:								
Has contact	43	97.7	-	-	14	93.3	-	-
Has no contact	1	2.3	6	100	1	6.7	7	100
Totals	44	100	6	100	15	100	7	100

For mothers agreement = 49 out of 50 = 98%. For fathers=21 out of 22=95.5%.

Table 3:4 Frequency of social work visits to child in previous year as given by caretakers and social workers - sample 102

	Caretakers say social worker visited					
	At least 3-4 times		At least once		Never	
	No.	%	No.	%	No.	%
Social worker visited:						
At least 3-4 times	39	95.1	2	5.1	-	-
At least once	3	4.9	36	92.3	1	4.5
Never	-	-	1	2.6	21	95.5
Totals	41	100	39	100	22	100

Cases where supervision transferred to another authority excluded = 7

Cases where agreement between social workers and caretakers = 95 out of 102 = 93.1%

from comparing identical factual information from two different sources. Information was sought from the following pairs: parents and caretakers, social workers and caretakers, parents and social workers. Tables 3:3, 3:4 and 3:5 give examples of the comparisons between the replies of each pair. It can be seen from the tables that in all cases, there was a high rate of

Table 3:5 Comparisons of frequency of contact between social workers and parents in previous year

	Social worker on mothers 33				Social workers on fathers 18			
	Some		No contact		Some		No contact	
	No.	%	No.	%	No.	%	No.	%
Parent says:								
Some contact	28	93.3	1	33.3	12	85.7	1	25.0
No contact	2	6.7	2	66.7	2	14.3	3	75.0
Totals	30	100	3	100	14	100	4	100

Cases where agreement = 45 out of 51 = 88.2%

agreement of over 85%.

The third way in which the reliability of respondents answers was tested was to compare the internal consistency of similar questions. This method was only applied to caretakers and to parents since it was assumed, as in Holman's study (1973), that social workers 'were professionally aware of the need to provide accurate information for a research project.'⁵² Parents, however, were asked two questions, 'Do you think that parents should not see their children in care?' and 'Do you think that children should not see their parents?' Table 3:6 shows that there was a very high rate of agreement between the answers to these two questions. Similarly, caretakers were asked at one point in the interview, 'Do you forget that this child is not yours?' and then 'Do you think of this child as your own?' Answers which were given on a five point scale were recoded to present an agreement/disagreement dichotomy. Table 3:7 shows that there was a very high rate of agreement between the two sets of answers.

Table 3:6 Parents' views on whether parents should see children in care with whether children should see parents - sample 82

	Child should see parent		Should not see parent	
	No.	%	No.	%
Parent should see child	63	96.9	1	5.9
Should not see child	2	3.1	16	94.1
Totals	65	100	17	100

Cases where agreement = 79 out of 82 = 96.3%

Table 3:7 Caretakers' views on whether forget child is not theirs with whether think of child as own - sample 189

	Think of child as own		Not as own	
	No.	%	No.	%
Forget child is not own	117	97.8	3	4.4
Do not forget child is not own	4	2.2	65	93.6
Totals	121	100	68	100

Cases where agreement = 182 out of 189 = 96.3%

Analysing the data

The data was divided into two parts, that which would be quantified by statistical analysis and that which would form descriptive elaboration of quantifiable answers.

The data was post-coded from the information obtained on the recording schedules. In some cases, the coding simply followed the categories of replies which had been given. This was particularly easy to do when the researcher was following the design of other studies. For example, the marital relationship between parents could be coded as follows; married, married/separated, divorced,

single.

Many of the attitudinal answers had been given on a pre-determined scale which eliminated any bias of selection on the part of the researcher.

Where reduction of categories was necessary, the researcher engaged the help of two colleagues to advise on combinations of categories so as to eliminate, as far as possible, any bias.⁵³

There were two constraints imposed upon the number of categories used for each variable. With the exception of the clarification of reasons for care (Chapter 4) categories were designed not to exceed a range of nine choices, so that they could fit onto one line of the computer punch cards with zero as a category excluded to avoid confusion. A second constraint was that the statistical analysis demanded that, where possible there should be at least three to five cases in each category. The small sample necessitated the combination of categories in some cases to meet these demands.

The code numbers were transferred to computer punch cards which were filed in the computer ready for analysis.

Total samples and interview samples

The high and uneven drop out rate of the three groups of respondents meant that the researcher was faced with two possibilities, either to reduce all the samples to a matched sample of all the participants or to devise some method whereby all information which had been gathered from the various sources could be maximised. Because of the originality of some areas in the study, it was decided that, where possible, all available information should be utilised. Accordingly, several different samples were developed

in relation to the four sources of information.

It was also important to see how far the interviewed families resembled those in the sample which would have been available ideally. It was recognised that such comparisons could only be fairly general. As Philip et al(1975) have pointed out, 'it must never be assumed that the non-responders are a like group to the responders, though it is often possible to show similarities of certain variables, eg. age - sex - social class etc.'⁵⁴ There was adherence to this principle in relation to the many comparisons made between the two samples in this study which are referred to as the total sample and the interview sample. Where appropriate, throughout the study, a distinction was drawn between natural mothers and natural fathers. Previous studies⁵⁵ have tended to account only for the activity of one or both parents without distinguishing between them, but it was felt that such a distinction might be an important factor in assessing the significance of the relationship between parents, caretakers and social workers, and should be made in the present study.

Natural parents

Using the selection criteria outlined above, the sample of natural parents which could be collected from case records came to a total of two hundred and twenty-two families, which were termed families - total sample 222. The children of these families totalled four hundred and forty-five and were described as children - total sample 445.

Where the sample was confined to families who had been interviewed, it was reduced to sixty-two, termed families - interview sample 62. The children in the sixty-two families numbered one

hundred and forty-two and were termed children - interview sample 142.

Where parental attitudes were measured, two further samples were developed, firstly the sample of parents expressing attitudes to reception into care and to social work activity, termed parents - interview sample 68 or where parents were divided termed mothers - interview sample 144 and fathers - interview sample 24. This sample is used in Chapters 5 and 8.

Secondly, account was taken of parental attitudes to placements. Children from the interviewed parents were in eighty-two different placements. Parental attitudes towards these placements were made up of the views of fifty-five mothers and twenty-seven fathers. This definition of the interview sample was termed all parents interviewed 82 or mothers - interview sample 55, or fathers - interview sample 27, and will be used solely in Chapter 6.

Caretakers

The interviewed caretakers presented views on one hundred and eighty-nine families. Eighty-nine views were from foster parents and the remaining one hundred from houseparents. Since these were a sizable number of the two hundred and forty-five possible views, they were defined as the total placement sample 189. Where appropriate, caretakers were divided into foster parents - total placement sample 89 and houseparents - total placement sample 100.

In order to compare the views of caretakers with those of parents, the sample was reduced to seventy (twenty-eight foster parents, forty-two houseparents). This was termed the interview

placement sample 70, or where subdivided, as foster parents-interview placement sample 28, or houseparents - interview placement sample 42. Both definitions are used in Chapters 5 and 7.

In order to compare caretakers and social workers, the total placement sample was further reduced to comparisons of one hundred and nine caretakers and social workers. This is termed the total placement/social work sample 109. The views of caretakers and social workers which related to the interviewed families totalled fifty-three and were termed the interview placement/social work sample 40. These two definitions are used in Chapter 7.

Social workers

Although the social worker response rate was low, the views of social workers which related to the one hundred and thirty-five out of the two hundred and twenty-two families in the total sample were termed the total social work sample 135. Where social work views were compared with those of natural parents two further samples were developed. The first was a family-based sample which accounted for forty-nine out of the sixty-two families in the interview sample termed interview social work sample 49.

The second was used where a direct comparison of the attitude of social workers and interviewed parents took place. This totalled fifty-three, representing comparisons of the views of thirty-five mothers and social workers and eighteen fathers and social workers and was termed the parent/social work interview sample 51 or mothers/social workers interview sample 33 and fathers/social workers interview sample 18. These comparisons are confined to Chapter 8.

Analysis of the data

Since the general aim of the research study was to identify

the differences between the return and in care groups of families or to see how different attitudes of caretakers and social workers affected the participation of parents in the caring process, it was necessary to use a statistical test of difference.

One test which is frequently used to measure differences in this way is Chi-square (χ^2) which is calculated according to the formula

$$\chi^2 = \sum \frac{(fo - fe)^2}{fe}$$

As Philip et al(1975) has pointed out, χ^2 provides a test of 'the agreement or lack of agreement between the observed frequencies and the frequencies we might expect on some prior knowledge or some hypothetical ground.'⁵⁶

In the above equation, 'fo' is the observed frequency of occurrence of data in any one category and 'fe' is the expected frequency of occurrence in that same category. The test is based on a refutation of the null hypothesis (i.e. that there is no difference between the observed data and the expected frequency.) When the difference between the two (fo - fe) is small, χ^2 will also be small. If (fo - fe) is large, χ^2 will also be large. The larger the value of χ^2 , the more likely it is that there will be a significant difference between the observed and expected frequencies. Significance in this study was calculated at the 5% level.

In the data in this type of study, expected frequencies cannot be absolute but have to be hypothetical. Table 3:8 shows how the expected frequencies can be calculated from the marginal totals. This method is based on the assumption that, in this sample, where there are twenty-three foster parents in the agreement category, the groups under consideration do not differ, so that

Table 3:8 Example of Chi-square in comparison of two groups
(foster parents and houseparents)

Comparisons of views of foster parents and houseparents on child's assimilation into family - sample 70			
	Foster parents	Houseparents	Total
Agree (see child as own)	23	13	36
Disagree	5	29	34
Totals	28	42	n = 70

$$\chi^2 = 11.34 \quad \text{d.f.} = 1 \quad P = < 0.001$$

these twenty-three viewpoints could be expected to occur in equivalent proportion in the group of houseparents. The expected frequencies are therefore achieved by multiplying the marginal totals for any one category and dividing the result by the grand total, termed 'n'. For the agreement category in the foster parent group, the expected frequency (fe) is $(28 \times 36 \div 70 = 14.4)$. For the agreement category in the group of houseparents the expected frequency (fe) is $(42 \times 36 \div 70 = 21.6)$. This process is continued for all the categories in turn. From each category of the table, the calculation

$$\frac{(fo - fe)^2}{fe}$$

is made. These figures are added up to total the χ^2 value which equals 11.34.

A further consideration is required in interpreting the value of the χ^2 table. The Cambridge Tables have produced a number of curves for the χ^2 statistic.⁵⁷ Interpretation of the curves has been developed in terms of degrees of freedom (d.f.). For χ^2 , a

simple rule is followed: $d.f. = (r-1)(c-1)$. It can be seen from the Table that in the example given, there are two rows and two columns so that $d.f. = (2-1)(2-1) = 1$. By reference to statistical tables on the interpretation of the critical values from the χ^2 distribution,⁵⁸ it appears that the obtained value of χ^2 is greater than the value delimiting the upper 5% of that distribution. Therefore, it can be said that differences between the two groups are significant.

Not only is the difference above the 0.05 level but is above the 0.001 level and is therefore very significant. To take account of these differences in significance a six point scale was developed with the following interpretation.

0.001 extremely significant

0.01 very significant

0.05 significant

0.10 not but almost significant

0.50 not significant

0.90 not significant

This scale is used throughout the study in interpreting the significance levels.

The researcher was fortunate to have access to a computer so that the χ^2 calculation could be programmed according to the pre-determined programme of the Statistical Package for the Social Sciences.⁵⁹ This incorporates corrections for small samples

In conclusion, it can be said that the methods adopted in the research study are both quantitative and descriptive. Both elements were considered to be valuable; while the statistical analysis

helped to identify factors which might influence the length of children's stay in care, the descriptive comments from the three groups of research respondents (parents, caretakers and social workers) provided insight into their attitudes and experiences.

Chapter 4

Reasons for care and the social background of families in the study

In their annual returns to the Scottish Office, Scottish local authorities are required to provide information on the numbers of children remaining in care during any particular year. This includes their sex and age and, above all, the circumstances which necessitated care. At the end of 1969 reasons for care under Section 15 Social Work (Scotland) Act 1968 ranged from no parent or guardian, incapacity of parent due to illness, homelessness, child illegitimate - mother unable to provide, and a classification termed 'other reasons'.¹ At best, these classifications give no more than a general indication of the circumstances in which a child might be received into care. They are often used by social workers as guidelines in recording information about a child's reception into care in case files. Sometimes social workers add additional information which may give a much more detailed picture of the family situation.

The primary reason for care by itself does not present the total picture of a child's circumstances at reception into care. Account must also be taken of his age and status, his parents' age, relationship, accommodation and earning patterns. Sometimes parents change their circumstances while their children are in care. These changes may facilitate a family's reunion or prolong their separation. This chapter aims to look at some of the main factors which contribute to the total picture of children and parents at reception into care. It also aims to

evaluate how these factors, along with any changes in the family situation while children have been in care, have indicated for or against children's return to their natural parents.

Reason for care

In this study reason for care is dealt with in three ways. Firstly, previous research studies have tended to follow the Home Office guidelines by attributing one reason to each child in care. This has the disadvantage of conveying a rather skewed picture of family circumstances, since many families have several children who are received into care in identical circumstances. An increase in one particular category of reasons may not be wholly attributable to a sudden rise in that particular problem, but may be partly caused by the presence of several large families where children were received into care at the same time. Since this study is primarily family focused and one of its major aims is to assess the influence of parental involvement on the length of time children remain in care, it was decided that reason for care should be a family reason, rather than a child reason. Accordingly there was a departure from previous research practice and each family whose children had been received into care in identical circumstances was ascribed one reason for care. Where siblings in the same family had been received into care in different circumstances or had been discharged at different times, then the families were ascribed extra reasons accordingly. Out of the two hundred and eight families in the total sample, fourteen were ascribed one extra reason for care; five where siblings had been received into care under different circumstances and the remaining nine where all the siblings had been received

into care in identical circumstances, but had been discharged at different times. In the interview sample of fifty-four families, there were two families where siblings had been received into care under different circumstances and six where children had been discharged at different times. This brought the total interview sample to sixty-two families. The over-representation of extra reasons in the interview sample was coincidental and did not seem to be attributable to any specific factors.

Secondly, recognising the dilemma that a few broadly based categories of reasons for care were necessary for the purposes of statistical analysis but that such categories could contain ambiguities, a compromise was reached whereby eight primary categories were identified which were used for statistical analysis throughout the study (see Tables 4:1 and 4:2) but a second table of reasons for care which sub-divided the eight categories into twenty was also developed (Tables 4:3 and 4:4). This second table had a dual function of enabling a close scrutiny of reasons for care in this part of the study and acting as a reference point elsewhere.

Thirdly, previous researchers have found that long term placements are 'often the more complex ones' (Packman 1968)² and that to confine a study to one primary reason for care is inadequate, as 'families often present more than one reason for placement' (Murphy 1968).³ It also seems that a social worker's decision to record one or other reason for care may sometimes be purely arbitrary. For example, the children of a single mother who has been made homeless may come into care because

they are seen to be 'children illegitimate, mother unable to provide' or because they are a 'homeless family'. Murphy (1968)⁴ goes so far as to suggest that the overt reason for care may be misleading and misrepresent the total picture of family circumstances at reception into care.

Despite these reservations, with the notable exception of Packman (1968), few other British studies have attempted to distinguish between primary and contributory reasons, and although Packman developed a complex scale of forty-five primary and contributory reasons for admission, she made no attempt to relate the two categories to individual families in the study.⁵ An attempt was made to relate primary and secondary reasons in this study.

Because the families interviewed represented only a quarter of the total sample, it was decided that the two samples should be treated separately in order to see how far the families who were interviewed represented those in the total sample. Therefore, throughout the study, reference is made to the 'total sample' and 'interview sample'. Wherever possible, an explanation has been given for any differences between the two groups.

The Influence of primary reasons on return - total sample

When the eight primary reasons shown in Table 4:1 are compared on a return/non-return dichotomy, it can be seen that different reasons for care dominated the return and in care groups. The differences were very significant ($\chi^2 = 31.28$ d.f. = 7 $P < 0.001$). In the in care group, the proportional

Table 4:1 Primary reason for care with return from care -
total sample 222

	Children returned		Children in care	
	No.	%	No.	%
Family homeless	23	35.4	21	13.4
Broken family mother + children	9	13.8	11	7.0
Broken family father + children	8	12.3	42	26.8
Both parents absent	4	6.2	9	5.7
Child illegitimate - mother unable to provide	1	1.5	28	17.8
Illness of child caring person				
a) medical	3	4.6	5	3.2
b) psychiatric	4	6.2	21	13.4
Unsatisfactory home conditions/ child abuse	9	13.8	10	6.4
Other family problems	4	6.2	10	6.4
Totals	65	100	157	100

$$\chi^2 = 31.28 \quad \text{d.f.} = 7 \quad P = < 0.001$$

Table 4:2 Primary reasons for care with return from care -
interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
Family homeless	11	44.0	7	18.9
Broken family mother + child	4	16.0	3	8.1
Broken family father + child	1	4.0	10	21.1
Both parents absent	2	8.0	1	2.7
Child illegitimate - mother unable to provide	-	-	4	10.8
Illness of child caring person				
a) medical	2	8.0	-	-
b) psychiatric	1	4.0	4	10.8
Unsatisfactory home conditions/ child abuse	3	12.0	4	10.8
Other family problems	-	-	4	10.8
Totals	25	100	37	100

$$\chi^2 = 15.12 \quad \text{d.f.} = 7 \quad P = < 0.05$$

difference between each reason was fairly distributed, with families made incomplete through separation, desertion, single parenthood or illness forming a major part of this group. In contrast in the return group, over one third (35%) of children had been received into care because their parents were homeless. Separated by a difference of over 20%, the second most dominant reasons were jointly neglect and broken families where mother was the principal child-caring person.

Influence of primary reasons on return - interview sample

While differences between the in care and the return group in the interview sample were still significant ($\chi^2 = 15.12$ d.f. = 7 $P = < 0.05$), the distribution of reasons for care were slightly different. This was due mainly to an over-representation in the interview sample of families who had been made homeless, or those whose children had come into care because of neglect and those where mothers were the principal child-caring person following their separation from the children's father. All the other categories, particularly the children who were illegitimate and the families where mothers were in desertion were under-represented in the interview sample. These differences changed the percentage rankings in both groups so that homeless families dominated both the in care group (18.9%) and the return group (44%). In spite of their under-representation in the interview sample, illegitimate children and those whose mothers were absent tended to stay in care for a long time as they had done in the total sample.

The availability of parents for interview accounted for many

Table 4:3 Clarification of primary reasons for care with length of stay in care - total sample 222

	Children returned		Children in care		
	Returned in 1 year	Returned all others	In care under 2 years	In care 2-4 years	In care 5 years & over
	No.	No.	No.	No.	No.
<u>Family homeless</u>					
a) eviction	12	9	7	2	4
b) other	-	2	-	1	7
<u>Broken family mother + children</u>					
a) father in deser- tion	1	-	-	-	-
b) parents separated	2	4	2	1	-
c) mother widow	-	-	-	1	2
d) father in prison	2	-	1	2	2
<u>Broken family children + father</u>					
a) mother in deser- tion	7	-	5	7	16
b) parents separated	-	1	1	1	2
c) father widower	-	-	-	4	4
d) mother in prison	-	-	-	1	1
<u>Both parents absent</u>					
a) child abandoned	-	1	-	1	6
b) parents deser- tion	2	1	-	1	1
<u>Child illegitimate - mother unable to provide</u>					
	-	1	1	7	20
<u>Illness of parent</u>					
a) psychiatric	2	2	1	10	10
b) other illness	2	1	2	1	2
<u>Unsatisfactory home conditions</u>					
a) child abuse	-	1	-	-	4
b) inadequate mat- erially	7	1	3	2	1
<u>Other family problems</u>					
a) rejection of child	1	1	2	3	1
b) other	-	2	-	-	4
Totals	38	27	25	45	87

Table 4.4 Clarification of primary reasons for care with length of stay in care - interview sample 62

	Children returned		Children in care		
	Returned in 1 year	Returned all others	In care under 2 years	In care 2-4 years	In care 5 years & over
	No.	No.	No.	No.	No.
<u>Family homeless</u>					
a) eviction	6	4	4	1	1
b) other	-	1	-	-	1
<u>Broken family mother + children</u>					
a) father in deser- tion	1	-	-	-	-
b) parents separated	1	2	-	1	-
c) mother widow	-	-	-	1	-
d) father in prison	-	-	-	1	-
<u>Broken family children + father</u>					
a) mother in deser- tion	1	-	-	7	1
b) parents separated	-	-	1	-	-
c) father widower	-	-	-	-	1
d) mother in prison	-	-	-	-	-
<u>Both parents absent</u>					
a) child abandoned	-	1	-	-	1
b) parents deser- tion	1	-	-	-	-
<u>Child illegitimate - mother unable to provide</u>					
	-	-	-	2	2
<u>Illness of parent</u>					
a) psychiatric	-	-	1	2	1
b) other illness	2	1	-	-	-
<u>Unsatisfactory home conditions</u>					
a) child abuse	-	1	-	-	2
b) inadequate mat- erially	3	-	1	-	1
<u>Other family problems</u>					
a) rejection of child	-	-	1	2	1
b) other	-	-	-	-	-
Totals	15	10	8	17	12

of the differences between the total and interview samples. The families of children who had come into care through eviction or through medical illness were more readily available than those where mothers were single or in desertion. Many of these women had changed their circumstances by the time of the study so that their whereabouts were unknown to the Social Work Department. In some cases, where there had been no contact between parent and child for a considerable time, social workers felt it would not be in the child's interest to trace parents. The researcher adhered to their wishes.

Contributory reasons

The distribution of the seventeen categories of contributory reasons and their relationship with the eight primary reasons for care are shown in Table 4:5. These contributory reasons were post-coded from additional information which was available on case files about the circumstances in which families had come into care. This information ranged from a complete picture of a family situation at reception into care to no more than a brief definition of the primary reason for care. Because of this variation in recording, it was difficult to know whether absence of contributory reasons in the case files necessarily denoted a lack of complexity in family situations at reception into care.

Overall, there were one hundred and ninety-seven contributory reasons relating to the two hundred and twenty-two families in the study; one hundred and twenty-nine of these related to the in care group and sixty-eight to the return group. Thirty-four families in the in care group had no contributory

Table 4:5 Contributory reasons for care with primary reasons for care - total sample 197

	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
	No.	Family homeless ily mother + child	Broken fam- ily father + child	Both par- ents ab- sent	Child il- legitimate	Illness	Unsatis- factory conditions	Other fam- ily prob- lems	Total			
Homeless - eviction	-	3	-	-	-	-	-	-	3			
Homeless - other	6	3	-	3	19	-	-	-	31			
Financial difficulties	28	10	3	6	7	-	4	-	58			
Father absent	16	-	-	1	1	19	5	8	50			
Mother absent	2	1	-	-	-	1	-	-	4			
Parental relationship difficulties	4	3	-	3	-	6	5	-	21			
Unsatisfactory home conditions	10	-	1	-	-	-	-	1	12			
Psychiatric illness - mother	2	-	1	-	4	-	-	2	9			
Other illness - mother	-	1	-	-	3	-	-	2	6			
Psychiatric illness - father	-	-	-	-	-	-	-	1	1			
Child-parent relationship difficulties	-	-	1	-	-	-	-	-	1			
Child abuse	-	-	-	-	1	-	-	-	1			
Totals	68	21	6	13	29	26	14	14	197			

reason recorded, one hundred and eight had one reason, ten had two reasons and three had three reasons. In the return group, in fifteen cases no contributory reasons were recorded but in thirty-three cases it was possible to find one reason from the case files, in one case three reasons and in the remaining sixteen two reasons.

The three most dominant contributory reasons were financial difficulties (fifty-eight), homelessness (thirty-four) and the absence of one parent, particularly the natural father (fifty-four). The substantial number and the categories of contributory reasons closely resemble those of Packman (1968)⁶ who listed forty-five factors of which incomplete families and poor home conditions were the most important.

When information was being gathered from case files a distinction was made between family circumstances which had been cited directly as a contributory reason to care by social workers and those where information had been recorded simply to give a more general picture of family circumstances. The contributory reasons cited by social workers do not represent the full picture of families who were incomplete, homeless or in financial difficulties in the total study. Because of this, the three factors of parental income, accommodation and parental relationships are discussed below as factors in their own right which may contribute to children's length of stay in care. This part of the study is confined to discussion of primary and contributory reasons recorded as such in the files. Where appropriate however, reference is made to family circumstances when they help to explain

differences in length of stay for children who were received into care for the same primary reason.

Family homeless

In the total sample, this reason represented only 13.4% of families in the in care group, but accounted for over a third (35.4%) of families in the return group. In the interview sample, there were even more homeless families (44% in the return group and 18.9% in the in care group). Although homelessness was the reason which indicated an early return most strongly, it was by no means a guarantee for rehabilitation, since at least eleven families in the total sample and two families in the interview sample had been separated for over five years. A series of factors seemed to contribute to the length of stay of children who had come into care because of homelessness including the type of accommodation in which families were living. Seven out of the eleven cases in very long term care in the total sample and two in the interview sample had been living in untenured accommodation either with relatives (3) or in furnished rooms (4), whereas in the return group, all six of those who had returned within one year had been evicted from tenured accommodation. The following comments of parents in the interview sample suggest that parents whose children made an early return from care saw their problems more as financial ones brought on by mismanagement or poverty whereas the two mothers whose children had been in care over five years felt that their children's reception into care was the culmination of a series of complex and painful events.

A father whose children had been returned within one year - parents were together both at reception

into care and at return: It was completely our fault. We wanted things too much too fast. We really thought the Welfare would help us out if anything happened and it was a terrible shock when we lost our home. You don't realise how good things are until you lose them, that's the way it was with us. It made us fight to get the bairns back and in a funny way it was a good thing. Every week when I get my pay packet now, the rent is the first thing that comes out of it.

A mother whose child had been in care for seven years:

She had been living in a furnished bed sitter with her husband at the time of the birth of their first child. They were asked to leave this accommodation after the baby's birth and went to live with maternal relatives. Soon after this the husband left, the relationship between the mother and her relatives deteriorated with the result that they asked her to leave. Subsequently, the child was received into care and the mother went to live for a while in hostel accommodation.

We got on fine 'til the bairn came then he (the husband) turned awfully funny. He was always out and was difficult with the bairn. I used to go home to my Ma. I don't know why we lost the place I think it must have been because of the bairn screaming and sometimes he battered me when he'd had a drop in (a drink). I went to my Ma and he came along but he didn't stay long. After that my Ma turned me out and I went to the Welfare. I didn't see how I could manage by myself so I asked the Welfare to take the bairn. What else could I do?

Broken family - mother absent

Over a quarter of children in the in care group in the total sample had come into care because of their mother's absence, compared with only 12% of the return group. Furthermore, the highest proportion of families who had been in care for over five years had been admitted for this reason. Children who had

been deserted by their mothers immediately before reception into care were particularly vulnerable to a long separation from their families.

The absence of mother in itself seemed to be reason enough for long term care and as a result, there were few contributory reasons in this category. Three families had experienced financial difficulties which social workers felt had contributed to the mother's departure; in three other cases, where parents had been living with relatives, mothers deserted leaving the children with the extended family. In one family there was some concern for the child's welfare; in two others the mother had been ill prior to her desertion and in one case the family had been living in very poorly furnished accommodation which had caused the Social Work Department equal concern.

It has been suggested lack of day care facilities and the reluctance of the Department of Health and Social Security to pay unemployment or supplementary benefit to men who are able to work has often deterred fathers from asking for financial help. George and Wilding (1972)⁷ for example, found considerable reluctance among lone fathers to draw supplementary benefit, a view which might have led to the reception of children in care. Although in this study there was some suggestion that the lack of day care facilities or home helps might have contributed to the problem⁸, no father who was interviewed had seriously considered giving up his employment to stay home and look after his children. There was a reluctance to give up work temporarily, which might have derived from a desire to maintain independence or

through fear of redundancy, but also seemed related to fathers' perception of their role. Looking after children was seen as a task best left to a woman.

A similar reluctance to take over the child-caring role was found by Schaffer and Schaffer (1968) in their Scottish study. In comparing families whose children came into care with a control group, they found the role of fathers in the child care group was far more limited and attributed this to the fact that these families did not seriously consider making use of the father as a caretaker 'sometimes because of difficulties associated with father's employment, but frequently because of rather subtle factors defining father's role in the family in general and his participation in the care of the children in particular'.⁹

The following comments from three fathers illustrate their views.

A deserted father: I tried for a while to look after the bairns after she had gone - it was not possible - I had to get them up at six o'clock before I went to work to take them to the woman down the road who was looking after them. Sometimes when I came back from work I just wanted to leave them where they were, but had to collect them. It couldn't have gone on much longer - children need a woman to look after them.

A deserted father: I advertised for a housekeeper but I couldn't get one - I knew I couldn't look after them by myself without going on the dole. The school was complaining the eldest child was always tired; she had to take her mother's place.

A widowed father: After the wife was taken, the kids started to get out of hand. I think it was the age they were at (early adolescence) they needed a mother's love. I couldn't deal with them by myself. They are much better since they have been in the foster home.

Even where mothers had not been in desertion but their absence had necessitated care, as for example, in cases of

illness, the expectation was still that the man in the family would not be able to look after the children, as the comment of one mother who had been admitted to hospital shows:

I couldna' leave the bairns with my man, he
wouldn'a know what to do. They had to be
looked after proper and the Welfare put
them in a good place.

Broken family - father absent

The primary reasons for children's admission to care in this study suggested that the absence of father represented a small percentage (13.8%) of the range of reasons why children were admitted to care. This factor has been pointed out by Packman (1968)¹⁰. An initial glance at the small percentage of children in this study who were received into care because of their father's absence (9% total sample and 11.3% interview sample) would suggest that separated or deserted mothers are more able to cope with the problems faced by a one-parent family and are less likely to have their children received into care. This however may be a misconception. When the number of families where the absence of father was the contributory reason are added to the families where the absence of father was a primary reason, it can be seen from Table 4:5 that the fatherless family was equally, if not more vulnerable, than the motherless family. Even this did not represent the true size of the problem since as Table 4:6 will show, 31.1% of children were living in a one parent family by the time they were received into care.

Like the motherless families, many of the children of the fatherless families remained in care; what is interesting is that an equally high proportion were reunited with their mothers. This

contrasting situation suggests two points. Firstly, that one parent families as a whole, whether mother or father is absent, are vulnerable to long term care but the separated unsupported mother has a better chance of being reunited with her children than the separated father. Holman (1973)¹¹ has suggested that this may be due partly to the fact that mothers are expected to continue to fulfil the child caring role and will be willing to give up employment to look after their children if necessary. Mothers may also be able to obtain financial help from the Department of Health and Social Security but there is evidence from this study to suggest that state support may not be adequate. Half the separated mothers were known to have been experiencing financial difficulties at the time their children were received into care.

Child illegitimate - mother unable to provide

This group were in a much more disadvantaged position than the separated mothers. Only one child out of twenty-nine who had been received into care because of his single mother's inability to provide for him had returned home. Marsden (1973)¹² has suggested that the deserted wife may be in a better material position than the unmarried mother while Holman (1973) believes that:

The chances of obtaining voluntary payments are greater from deserted husbands than from putative fathers while court orders usually fix a higher rate for husbands with some years in an established job than young putative fathers. At the moment of desertion, the wife's children may be above school age and less of a problem in terms of day care....the years spent with the husband have probably resulted in better accommodation than that of a young woman who has cohabited as well as leading to the development of relationship between

children and relatives who might help in a time of need.¹³

The lack of accommodation was a contributory reason for care in the cases of nineteen out of the twenty-nine single mothers in the study. This type of homelessness was caused by three reasons: the unwillingness of grandparents to provide a home for their daughter and grandchild; the reluctance of private landlords to house mothers and children and the low priority given to unmarried mothers by the public housing sector.¹⁴ In fourteen out of the twenty-nine cases, children had been received into care directly from the maternity hospital. It was very clear from case files that in spite of this early separation, mothers had no intention of offering their children for adoption. They hoped that the time in care would be short and would end once they found accommodation.

Another major difference between the single and separated mothers in the study was that many of the former were very young and their children were received into care at an early age. By contrast, the separated mothers tended to be in their late twenties or early thirties and consequently had older children. This would support the theory that separated mothers have more chance of establishing themselves in a family home before their children are received into care.

Both separated and single mothers in the study shared in common the pressures faced by any one parent family living on a low income. They also shared the problems of finding alternative resources for children in times of crisis, a factor noted by Hopkinson (1976)¹⁵. Where relatives or day care facilities

were absent then any incapacity of the mother might sometimes leave her dependent on local authority care. The low income tended to reinforce a cycle of poor nutrition leading to illness and dependence on others. The following comments of three of the study mothers, one who had been living alone separated from her husband, one who had been deserted and one who was single illustrate the difficulties they faced.

Separated mother living alone (who had her own local authority house and a low income): There is just no end to it, you go on from day to day putting off one thing to pay and paying something else. The Social Security and the Welfare were both very good, they helped me all they could, but I got to the stage where I couldn't take any more, I was becoming ill. The doctor said it was no good for me and that I should have a holiday. The Welfare were very good, they arranged for the kids to go away. It took longer than I thought to sort myself out but I got them back as soon as I could.

A deserted mother whose children remained in care: When my man left, I just went to pieces. I knew he was going, we hadn't been getting on for some time but he said he was leaving so many times before I never thought he really would. When he had gone, I found he'd left all the bills to pay, I just didn't know what to do. My neighbour said 'Why don't you go to the Welfare - they are used to helping people in this sort of situation,' so I did. I thought if the kids went away for a bit I could work and pay off the debts then get them back. It didn't work out like that. I met Jimmy and we got friendly but he wouldn't have the kids back. It was an awful choice to make but I had my life to lead.

A single mother whose child had been in care for eight years: I didn't want to give him up for adoption and I thought my Mum would help me when it came to it, but she wouldn't have him back so the lady almoner arranged for him to go to a children's home. I thought I would be able to set up a home for him and that my Mum would come round. She never did. I tried to find places to live; the Housing department wouldn't consider me and nobody seemed

to want a baby. There was just nothing else for it-he had to stay in care.

Both parents absent

This was a small group representing 9.9% of the total sample. Percentages were very similar in both the in care group (5.7%) and the return group (6.2%). There was a distinction between families where children had been abandoned (six cases) and those where both parents were considered to be in desertion (seven cases). There were in fact only three cases where children had been abandoned to their fate, (two in the in care group and one in the return group). For the rest, parents had left children with relatives who cared for them for varying lengths of time, but realising that parents were not going to resume their responsibility approached the Social Work Departments for help. In seven cases (six in the in care group and one in the return group) parents had been living together at the time of the desertion. For the rest, fathers had left the family home to be shortly followed by mothers who left children with relatives.

In spite of the small percentage which this primary reason for care represented, there were thirteen contributory reasons.

Six families had been experiencing financial difficulties, three had been made homeless before desertion, in three cases relationship difficulties between parents had been noted and, in one case, the father's desertion was a contributory reason for care. In the three families where relationship difficulties had been recorded and in another four, it was evident that parents had decided to live together in order to provide a home for their illegitimate children. In six out of these seven cases, the

relationship between parents had broken down so that by the time of reception into care, four mothers and one father were living with new partners and the rest were living apart.

There were three families in the interview sample where both parents had been absent at reception into care. In two of these cases, children had returned home but in the third, had remained in care. The following comments of two parents illustrate the type of events which led to children being abandoned or deserted. The first case shows the desperate measures which a mother resorted to in order to change her circumstances. The second illustrates the resentment which young parents felt on having to take on the responsibilities of an unwanted family.

A mother who abandoned her children: We never got on. See, he was in prison for battering me. He was mental. I couldna' face him coming back. The Welfare tried to find me and kids somewhere to stay. They couldna' - if they had been able to help me then they kids wouldna' have went away. I begged with them to let me and the kids go to a convent. I said I'd work to have them with me. Miss Carfrae, she said that the Welfare couldna' take the kids into care because I had a home - the only way was if they were left alone in the house. I told my eldest I was going away. I left the house and 'phoned the Welfare from down the road. I told them the kids were alone and they'd better do something about it. My eldest, I don't think he's ever forgiven me for going, but I couldn't have done anything else.

A mother from a family where both parents had deserted leaving children with relatives: We were too young to have kids - that's what went wrong. We wanted to have a good time, go out with our pals, but the kids got in the way. If someone could have talked to me and Jim - helped us to see our responsibilities, we might not have went off like we did.

Illness of parents

Illness was the major reason for care in 14.9% of the total sample and 11.3% in the interview sample. It was clear that mental illness of the child caring person was far more significant in indicating long term care than illness that had necessitated admission to a general hospital. The pattern of families' dependence on the presence of mother was shown particularly in this category. Overall, there were only five cases where the father's illness had precipitated care (three of which involved alcoholism), but twenty-eight cases where the mother's illness had led to care. In eighteen of these cases, fathers had been absent at this time. And in twelve out of these eighteen cases psychiatric rather than medical illness had been the cause of admission to care. The comments of this mother illustrate the stresses placed on one parent families.

See me, I always liked a wee drop in. After my man had went, I suppose I took to a wee drop for comfort. When I think of it now, the wee ones had an awfully bad time. I used to take to my bed and stay there. Then there was the money - see - it went on the drink. I can't remember how I went to hospital, but I know the Welfare took the kids away. They told me a week later where they were. I couldn't believe that I'd done that to them. I was that ashamed.

Unsatisfactory home conditions/child abuse

This reason for care represented 8.6% of the total sample and 12.9% of the interview sample. There was a clear distinction between cases of child abuse and those where families were living in conditions that were considered to be materially unsatisfactory. In eight out of the nine cases of child abuse, children had been committed to care under the 1937 Children and Young Persons Act.

In two of these cases, fathers were serving prison sentences for having sexually assaulted their children and in the remaining six cases children had been severely neglected or had been victims of non-accidental injury. It was significant that in all these eight cases, children had remained in care. By contrast, in all but one of the cases where children returned home, unsatisfactory conditions rather than child abuse had led to care.

Financial difficulties, strains in the relationship between parents, the absence of fathers and substandard housing were contributory reasons for care in this group.

There follow two comments, one from a mother whose child had been removed because of non-accidental injury and the second where children had been received into care under Section 1 of the 1948 Act because the family were living in unsatisfactory conditions. It is of interest that, in the second case, the mother thought alternative intervention might have prevented reception into care.

A mother whose child had been removed because of non-accidental injury: He was an awfully sickly bairn - sicked his food all the time but the doctor said he'd grow out of it. Sometimes he'd scream and scream I couldna' stop him. My man said I was na' giving him enough to eat, but that wasna' true - he didn't care he just went out with his pal. The Welfare said I'd hit him - I never - I gave him a wee slap now and then, just to calm him down, you ken. Then the Welfare came - I think it was the doctor who sent them - I don't remember. One day they took him away - I was that upset I was greeting and screaming and begging them not to take him. I pestered them 'til they let me have him back.

A mother whose children had been removed because of 'unsatisfactory' home conditions: The Welfare

said we was neglecting the children. It was difficult but it wasn't that bad, we didn't have enough money, that was the trouble. He was out of work and we lost our house. We had to keep the kids off school because they had no shoes. I don't know why the kids went away - it would have been better for the Welfare to give us some money ourselves.

Other family problems

This category represented 6.3% of the total sample and 6.5% of the interview sample. The category covered a miscellany of reasons which fell outside other more specific categories and were characterized by the difficulty social workers had found in defining what the problem was. In some cases social workers had recorded notes like 'Mrs. G. is finding great difficulty in managing Tommy which seems to stem from her dislike of him - he may be in danger of being rejected emotionally - a period of separation might be the best solution'. In three cases, only one child from a family of several had been received into care. In others it seemed that difficulties were more related to parental circumstances at the time of reception into care. In three cases where they were living with their mother and her new partner, difficulties had originated from the relationship between children and new step-parents. In seven cases, the strains imposed upon one parent families were the main cause of the relationship difficulties rather than outright rejection of children. Proportionally, there was little difference between the percentages of children in the return group (6.2%) and the in care group (6.4%) but in the cases of four out of the five children who had been in care for over five years, there had been strong indications of

rejection by parents or step-parents.

The four parents in the interview sample who had experienced relationship difficulties with one of their children all saw the child as the cause of the difficulties, and had expressed relief at the child's reception into care. The comment of one father illustrates their negative attitude towards the particular child.

A father from a family where one child had been received into care and the rest had remained at home: He was just a troublemaker, that's the only way to describe him. He drove his mother mad wanting this and wanting that. I went to the Welfare and said you've got to sort him out, we've just about had enough. Since he's been in the home it's been much better. It's a beautiful place that where he is, we've been to see him once. No - he's never been home, only the once for Christmas. We were that worried he was going to cause trouble, nobody really enjoyed themselves.

The influence of family composition on return from care

It has already been shown that the absence of one parent was a primary or contributory reason for care in a substantial number of cases. Reason for care alone however, under-represented the number of absent parents in the study.

One way of rectifying this was to examine the composition of all the families in the study at reception into care. From Table 4:6 it becomes very clear that, in nearly three quarters of the families in the total sample, children were not living with both parents. In only 23.4% of cases were children living in a two parent nuclear family unit and in another 2.7% in an extended family unit with relatives making a total of 26.1% of families where both parents were present. This is a much higher

Table 4:6 Family composition at reception into care with return from care - total sample 222

	Children returned		Children In care	
	No.	%	No.	%
Both parents	22	33.8	30	14.1
Both parents + relatives	4	6.2	2	1.3
Mother only	13	20.0	28	17.8
Mother + relatives	10	15.4	18	11.5
Mother + new partner	2	4.5	2	1.3
Father only	5	7.7	30	19.1
Father + relatives	1	1.5	4	2.5
Father + new partner	1	1.5	1	0.6
Neither parent - child in hospital	-	-	17	10.8
Neither parent - relatives only	6	9.2	25	15.9
Totals	65	100	157	100

$$\chi^2 = 17.5 \quad \text{d.f.} = 9 \quad P = < 0.05$$

proportion than the 16.4% of Gray and Parr's 1957 national sample¹⁶, but compares closely with Walton and Heywood's 1971 Manchester sample of 24% of children living with both their natural parents at reception into care¹⁷, and 20% in Pinder and Shaw's 1974 Leicester sample of 224 children in long term care.¹⁸

In this study 18.5% of children were living in a nuclear one parent family headed by mother, while another 12.6% of families were made up of mothers, children and other relatives. The greater likelihood of fatherless children coming into care has also been pointed out by Wynn (1964)¹⁹, while Schaffer and Schaffer (1968), investigating short term admissions to care

found fatherless families more vulnerable which led them to conclude that the father's role in this situation is a crucial one.²⁰ In 2.3% of cases children were living with mothers and a new partner in a reconstituted family.

Rather less children were living with their fathers in a nuclear one parent family (15.7%) and only 2.3% of families consisted of father, relatives and the children. There were only two cases (0.9%) where children were living with their fathers and a new partner in a reconstituted family.

In 14.0% of cases, children were not living with either parent, but were with relatives and there were seventeen families (7.7%) where children were in hospital at the time of reception into care. Fourteen of these were the infant children of single mothers.

Comparing families on a return/non-return dichotomy, it can be seen from Table 4:6 that there were significant differences between the two groups. ($\chi^2 = 17.5$ d.f. = 9 $P = < 0.05$) Children had the best chance of returning home where they had been living with both their parents at reception into care. In just over a fifth of cases in the in care group, children had been living with both parents, but this was only half the proportion in the return group (40%).

The absence of mothers or fathers affected return in different ways. Where mother was absent at reception into care, there was a marked tendency for children to remain in care. Only 9.2% of the return group had been composed of one parent families headed by the father, compared with 21.6% of families in the in

care group. By contrast, where fathers had been absent at reception into care, the chances of return seemed more favourable. Although 39.3% of the in care group had been composed of one parent families headed by the mother, almost as many (35.4%) were in the return group. Differences between the two groups can be explained by looking at the reasons for care. Many of the fatherless children in care were those from families headed by the young single mothers who were unable to find accommodation. The return group was dominated by the separated mothers who had already established a home but who were experiencing financial difficulties or had been incapacitated by illness.

Where both parents were absent at reception into care, it seemed that children's chances of returning home were diminished. The children who had been with relatives, and particularly those who had been in hospital, tended to remain in care.

Where mothers and fathers were living with new partners in reconstituted families, the children seemed to have slightly more chance of returning to their mothers, but the difference was not very marked.

Family composition at reception into care - interview sample

The interview sample presented rather a different picture. This was due mainly to the over-representation of families where children had been living with both parents, or had been living in a one parent family headed by father. One parent families headed by mother were slightly under-represented. There were roughly similar proportions of children living with relatives at

Table 4:7 Family composition at reception into care with return from care - interview sample 62

	Children Returned		Children In care	
	No.	%	No.	%
Both parents	11	44.0	10	27.0
Both parents + relative	2	8.0	-	-
Mother only	5	20.0	9	24.3
Mother + relatives	2	8.0	4	10.8
Mother + new partner	2	8.0	-	-
Father only	1	4.0	9	24.3
Father + relatives	-	-	1	2.7
Father + new partner	-	-	-	-
Neither parent - child in hospital	-	-	2	5.4
Neither parent - relatives only	2	8.0	2	5.4
Totals	25	100	37	100

$$\chi^2 = 14.82 \text{ d.f.} = 8 \text{ } P = < 0.10 \text{ not significant}$$

reception into care, but only 3.2% of children who had been in hospital.

On a return/non-return dichotomy, the interview sample was not significant ($\chi^2 = 14.82 \text{ d.f.} = 8 \text{ } P = < 0.10.$)

Proportionally the differences between the in care and the return groups reflected those of the total sample. Children who had been living with both parents at reception into care seemed to have a far better chance of returning home than the rest. There were 44% in this category in the return group compared with 27% in the in care group. Rather more of the one parent families headed by mother remained in care in the interview sample but the one parent families headed by fathers

followed the pattern of the total sample with only a very small proportion returning home.

There was an over-representation of children in the return group who had been living with relatives at reception into care (16% compared with 5.4% in care group). Where children had been in hospital, as in the total group, their chances of returning home were very slim.

From looking at both the total and the interview samples, several points can be concluded. Firstly, children seemed to have the best chance of returning home when they had been living with both parents at reception into care. If the mother only had been present, then children's chances of rehabilitation were more favourable than when they had been living with their fathers. If, however, mothers were single, rather than separated, children's chances of return declined. Where children had been living with other relatives, it seemed that the outcome of care depended very much on the reasons for admission and the parents' circumstances. Illegitimate infants who had been received into care directly from hospital were extremely vulnerable to long term care. Their admission had been caused mainly by their mothers' failure to find suitable accommodation. As will be shown later, the lack of a developed relationship between mother and infant in these cases may also have been a factor contributing to their length of stay in care.

The influence of parental relationships and marital status at reception into care on return

While studying family composition at reception into care gives a good indication of parental relationships, it does not

totally represent the number of parents who were living together at reception into care, nor does it show the total numbers of parents who were living with new partners in reconstituted families. Furthermore, some parents were co-habiting with each other while others were married. It could be argued that the legal status of marriage brings more commitment from parents to keep the family together or to reunite them once they have been separated. In order to test out this theory, it was decided to look at the marital status of parents in relation to each other at the time of reception into care and how this affected children's return.

Parental relationships - total sample

Table 4:8 gives the whereabouts of parents and their relationship to each other at reception into care in the total sample. From this table it can be seen that 72 parents (32.4%) were living together at the time their children were admitted to care. Well over half the mothers (52.2%) were known to be alone and just over two fifths of fathers were also known to be alone. 8.2% of mothers and 9.4% of fathers were living with new partners in a reconstituted nuclear family. The relationship of eight mothers and thirty-two fathers were unknown.

Measuring parental relationships by whether they were together or apart at reception into care, it is possible to see the influence of this relationship on return. As Table 4:9 shows on a return/non-return dichotomy, there was a significant difference between the in care and return groups. ($\chi^2 = 10.32$ d.f. = 4 $P < 0.01$)

Table 4:8 Parental relationships at reception into care - total sample 222

	Mothers		Fathers	
	No.	%	No.	%
With other parent	72	32.4	72	32.4
Alone	116	52.2	94	43.4
With new partner	18	8.2	21	9.4
Relationship not known	8	3.6	32	14.4
Dead	8	3.6	3	1.4
Totals	222	100	222	100

Table 4:9 Parental relationships at reception into care with return from care - total sample 222

	Children returned		Children in care	
	No.	%	No.	%
Parents together	31	48.4	41	26.8
Parents apart	33	51.6	112	73.2
Totals	64	100	153	100

$\chi^2 = 10.32$ d.f. = 1 $P = < 0.01$ Relationship of both parents not known = 5

Clearly, children had more chance of rehabilitation where their parents had been living together at reception into care. 48.4% of parents were together in the return sample with only 26.8% in the in care group.

Parental relationships - interview sample

The interview sample reflected the general pattern of the total sample but over-represented parents who had been living together at the time of their children's admission to care. 46.7% of parents in the interview sample were living with each other, while 45.2% of mothers and 32.2% of fathers were known

Table 4:10 Parental relationships at reception into care - interview sample 62

	Mothers		Fathers	
	No.	%	No.	%
With other parent	29	46.7	29	46.7
Alone	28	45.2	20	32.2
With new partner	4	6.5	9	14.5
Relationship not known	-	-	3	4.9
Dead	1	1.6	1	1.6
Totals	62	100	62	100

Table 4:11 Parental relationships at reception into care with return from care - interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
Parents together	15	60.0	14	38.9
Parents apart	10	40.0	43	61.1
Totals	25	100	37	100

$$\chi^2 = 3.17 \text{ d.f.} = 1 \text{ } P = < 0.10 \text{ not significant}$$

to be alone and 6.5% of mothers and 14.5% of fathers were known to be living with others. Looking at the interview sample on a return/non-return dichotomy, Table 4:11 shows that, 60% of parents in the return group had been together at reception into care compared with only 38.9% in the in care group. The differences for the interview group were almost, but not quite, statistically significant. ($P = < 0.10$)

On the whole, the total and interview samples reflected similar patterns although the significance was not statistically measurable in the interview sample. Patterns in both samples

reinforced the findings for family composition at reception into care. Where parents were living with each other at reception into care, their children had a better chance of return than when they were apart. Where parents were apart children had more chance of returning to their mothers than to their fathers.

Marital status of parents at reception into care - total sample

It has already been shown that some parents were apart at their children's reception into care and others were living with new partners. The marital status of natural parents was very complex. Information on the whereabouts of fathers, particularly in the case of single or broken families, was often lacking on case files. It was difficult to tell whether this information was missing because the mother did not know where the father was or whether mothers had not been asked to indicate the father's status. Replies from interviewed mothers would suggest that both reasons were present.

Looking at the marital status of parents on a return/non-return dichotomy, Table 4:12 shows that there was a very significant difference between the in care and return groups. ($\chi^2 = 37.85$ d.f. = 6 $P < 0.001$) It becomes clear that many of the parents who were living together at the time of their children's reception into care were also married to each other. In nearly half the families in the return sample parents were married compared with just under a quarter in the in care sample. Parents who were apart were separated rather than divorced from each other. Furthermore, separation indicated slightly in favour of return, with 40% of separated families in the return group compared with 34.0% in

Table 4:12 Marital status of parents at reception into care with return from care - total sample 222

	Children Returned		Children In care	
	No.	%	No.	%
Married to other parent	33	50.8	33	22.0
Married to other parent - separated	26	40.0	51	34.0
Divorced	3	4.6	4	2.7
Mother widowed	-	-	3	2.0
Father widower	-	-	8	5.3
Mother single - father single/other	1	1.5	48	32.0
Mother married to other other - father single/other	2	3.1	3	2.0
Totals	65	100	150	100

$$\chi^2 = 37.85 \text{ d.f.} = 6 \text{ } P = < 0.001$$

Not known = 7

the in care group. Where parents were divorced, it would seem that children had an almost even chance of returning home or remaining in care. There were, however, two situations which indicated strongly against return from care. These were widowhood and single parenthood. Children of the three widowed mothers and eight widowed fathers in the study all remained in care.

The single mother was most vulnerable to a lengthy separation from her children. Forty-eight out of the forty-nine single mothers in the study, (32.0%) of the in care group, continued to be separated from their children. In only one case was a mother who had been single at reception into care reunited with her family. This mother had subsequently married before her child's return home.

The whereabouts of many of the putative fathers of single

mothers children were not known at the time of reception into care. Of those who were known, about half were single and the rest were married to others.

Marital status of parents at reception into care - interview sample

As Table 4:13 shows, the effects of marital status on a return/non-return dichotomy in the interview sample were not significant. Differences from the total sample were accounted for by the very high proportion of parents who were married to each other (41.9% compared with 30.4% in the total sample). This higher overall percentage exaggerated the percentage in the return group where 60% of children returned to parents who were

Table 4:13 Marital status of parents at reception into care with return from care - interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
Married to other parent	15	60.0	11	29.7
Married to other parent - separated	9	36.0	16	43.2
Divorced	1	4.0	3	8.1
Mother widowed	-	-	1	2.7
Father widower	-	-	1	2.7
Mother single - father single/other	-	-	5	13.6
Totals	25	100	37	100

$$\chi^2 = 8.57 \text{ d.f.} = 5 \text{ } P = < 0.50 \text{ not significant}$$

married. No children in the interview sample returned to parents who had been married to others, or were single or widowed at the time of reception into care.

Conclusions can be drawn from the findings of both samples.

Firstly, the indications for return were most favourable where parents were married to each other at reception into care. This was by no means the total picture: many children returned to mothers who were separated at the time of reception into care. The illegitimate children of single mothers were the most vulnerable and nearly all of these remained in care, as did the children of divorced and widowed parents.

This suggests two points. Firstly, these two latter groups of parents may be able to obtain more emotional support and find it easier to obtain financial aid more than the parents who are single or separated. It may well be that the status of widowhood is looked on more favourably by relatives and the community at large. Therefore when children from these families come into care, family breakdown indicates serious malfunctioning such as the rejection of children or parents' inability to transpose themselves from a two parent to a one parent family. The problems were different for mothers and fathers. Three out of the four mothers had been experiencing relationship difficulties with their children since their husband's absence. Although two out of the eight widowed fathers had also been experiencing relationship difficulties with their children, their problems seemed to be linked to the fact that they conceived their role exclusively as one of family breadwinner.

In conclusion, it seemed that the marital status of parents did affect the return of children from care. Parents who were married to each other and those who had been married but were separated were more frequently reunited with their families than

than the single parents. It would seem that having established a home and a marital relationship, parents had more opportunity and may well have been more committed to keeping their families together.

Family composition in the return group at the time of the study

The two parent family with both parents present or the one parent family headed by the mother were significant factors in indicating rehabilitation at reception into care, whereas the one parent family headed by father indicated against return. As

Tables 4:14 and 4:15 show, this factor continued to operate at

Table 4:14 Family composition in the return group at the time of the study - total sample 65

Children returned to:		
	No.	%
Both parents	28	43.0
Mother alone	26	40.0
Mother + new partner	7	10.8
Father alone	2	3.1
Father + new partner	2	3.1
Totals	65	100

Table 4:15 Family composition in the return group at the time of the study - interview sample 25

Children returned to:		
	No.	%
Both parents	12	48.0
Mother alone	9	36.0
Mother + new partner	4	16.0
Father alone	-	-
Father + new partner	-	-
Totals	25	100

the time of the study.

Total sample

From the discharge patterns of children in the total sample shown in Table 4:14, it can be seen that the highest proportion of children, 43%, were returned to both parents. A substantial number however, 40%, returned to live in a one parent family with their mothers. Only two families were reunited with their fathers in a one parent family. Where parents had established a new relationship in a reconstituted nuclear family, there seemed slightly more chance of children returning to their mothers (10.8%) than to their fathers (3.1%). These nine cases were rather exceptional and as will be shown below, the reconstituted family in general did not indicate for rehabilitation.

The importance of the presence of the natural mother as a factor indicating for rehabilitation is shown by the fact that out of the sixty-five cases where children returned, mothers were involved in their children's return in sixty-one families, but in only thirty-two families were fathers involved. While 50.8% of children returned to their mothers in either a one parent or reconstituted family, only a very small percentage (6.2%) returned to their fathers in these circumstances.

Interview sample

Table 4:15 shows that the twenty-five cases where children were discharged in the interview sample reflected the pattern of the total sample with the exception that none of the one parent families headed by father were represented. There was also an under-representation of one parent families headed by mother and

children returned in these circumstances in only 36% of cases. Conversely, the two parent families were over-represented in the interview sample (48%) as were the reconstituted families (16%). Mothers were involved in their children's return in all cases. Fathers were involved only in the twelve cases where children returned to both parents.

Changes in parental relationships

While the relationship between parents at reception into care was an indicator of a child's return home, it was clear that, by the time of the study, many parents had changed their relationships with each other and therefore took children home to very different circumstances. In looking at the changes which had occurred in parental relationships between the time of reception into care and the time of the study, the situation of mothers and fathers was treated separately. Where children had returned from care, samples were confined to those parents who were involved in this return. The four mothers and the thirty-three fathers in the total sample and the thirteen fathers in the interview sample who were absent at the time of their children's return are dealt with separately. Tables 4:16 and 4:17 show the changes that had taken place in parental relationships in both the total and interview samples. Families are also divided into those whose children remained in care and those who returned home.

Changes - total sample

It can be seen from Table 4:16 that the return group had experienced less changes in parental relationships than the in

Table 4:16 Changes in parental relationships between reception into care and the time of the study - families total sample 222

Reception into care	Time of study	Mothers 214			Fathers 219		
		Children returned	Children in care	Children in care	Children returned	Children in care	Children in care
		No.	%	No.	%	No.	%
Parents together	Parents together	26(26)	40.0	19	12.8	26(26)	40.0
Parents alone	Parents together	2(2)	3.1	4	2.7	2(2)	3.1
Whereabouts not known	Parents together	-	-	2	1.3	-	-
Parents together	Parent alone	5(5)	7.7	10	6.7	5	7.7
Parent alone	Parent alone	21(21)	32.3	30	20.1	13(2)	20.0
Parents together	Parent with another	-	-	5	3.4	1	1.5
Parent alone	Parent with another	5(5)	7.7	24	16.1	1	1.5
Parent with another	Parent with another (same)	2(2)	3.1	7	4.7	4(2)	6.2
Parents together	Whereabouts not known	-	-	7	4.7	3	4.6
Parent alone	Whereabouts not known	-	-	31	20.9	4	6.2
Parent with another	Whereabouts not known	3	4.6	5	3.3	6	9.2
Whereabouts not known	Whereabouts not known	1	1.5	5	3.3	-	-
Totals		65	100	149	100	65	100

Mothers dead - 8
 Fathers dead - 3
 Figures in brackets indicate where parents were present on return from care. Mothers = 61, fathers = 32.

care group. In twenty-six out of the twenty-eight cases where children returned to both parents the couple had been together at reception into care. The other two had separated at the time of reception into care. During their children's absence they had attempted to reconcile their marital difficulties and were living together by the time their children returned.

A similar pattern was evident where children returned to a one parent family headed by their mothers. Twenty-one out of these twenty-six cases returned to the same one parent families they had left at reception into care. In the remaining five cases, mothers had left the other parent after their children were admitted to care.

There were seven cases where children returned to a re-constituted family. In five of these, mothers had been alone at reception into care but in the remaining two the children returned to the same circumstances.

In only one of the four cases where children returned to their fathers were they returned to the same circumstances they had left. This was to their father and step-mother. Although the remaining three fathers had supported their children alone at reception into care, by the time their children returned, one father had remarried, while in the other two cases, children returned to live with their fathers and other relatives in an extended family unit. Overall, only 18.5% of mothers in the return group had changed their relationships compared with 59.0% in the in care group.

The most important change in the in care group was that,

by the time of the study, forty-three mothers and forty-eight fathers had lost contact with the Social Work Departments. As Chapter 8 will show,²¹ little attempt had been made to trace these parents.

The second major change for mothers was the number of new relationships which had been established. At the time of reception into care only 8.3% of mothers had been living with a new partner compared with 23% at the time of the study.

Fathers seemed more likely to remain alone and only 6.7% had formed a new relationship. On the other hand, just over one fifth, 21%, had remained alone from the time of reception into care.

It has already been shown that some children returned to re-constituted families but the majority of children in this group remained in care. There were 13.8% of families where children returned to their mothers and a new family and 3.1% to their fathers, but 23% of cases where, in spite of mothers' or fathers' remarriage, they remained in care.

Interviewed parents indicated that the attitude of the new partner was of great influence in deciding whether children returned home or not. At least one mother described how she had been put in a conflict situation of having to choose between her children by her first marriage and her new husband. Since she had children by her new husband she decided to retain this family unit rather than establishing herself as a one parent family with all her children.

Table 4:17 Changes in parental relationships between reception into care and the time of the study - families interview sample 62

Reception into care	Time of study	Mothers 61		Children in care		Children returned		Fathers 61		Children in care	
		No.	%	No.	%	No.	%	No.	%	No.	%
Parents together	Parents together	12(12)	48.0	7	19.4	12(12)	48.0	7	19.4		
Parent alone	Parents together	3(3)	12.0	4	11.1	3(3)	12.0	4	11.1		
Parents together	Parent alone	-	-	3	8.3	2	8.0	4	11.1		
Parent alone	Parent alone	6(6)	24.0	7	19.5	-	-	8	22.2		
Parents together	Parent with another	4(4)	16.0	3	8.3	2	8.0	1	2.8		
Parent alone	Parent with another	-	-	4	11.1	1	4.0	2	5.6		
Parent with another	Parent with another (same)	-	-	3	8.3	4	16.0	3	8.3		
Parent alone	Whereabouts not known	-	-	4	11.1	-	-	3	8.3		
Parents together	Whereabouts not known	-	-	-	-	-	-	1	2.9		
Parents with another	Whereabouts not known	-	-	1	2.9	2	8.0	-	-		
Whereabouts not known	Whereabouts not known	-	-	-	-	-	-	3	8.3		
Totals		25	100	36	100	25	100	36	100		

Mother dead - 1
 Father dead - 1
 Figures in brackets indicate parent present at return of children in care.

Changes in relationships - interview sample

Overall, the interview sample reflected the general pattern of changes of the total sample, with the difference that rather more mothers in the return group had changed their circumstances. (28% compared with 18.5% total sample). In three cases, mothers had returned to live with their husbands, and in four cases had remarried.

For fathers, there was a rather different picture with the majority of fathers in the interview sample whose whereabouts were known, having retained the same relationship they had held at reception into care. Twelve of the fifteen fathers involved in their children's return had been living with the other parent at reception into care and had retained this relationship. 31.0% of fathers in the in care group, however, had changed their relationships.

Looking at the changes in the return group for both mothers and fathers, it was clear that the greatest lack of change occurred where parents had been together at reception into care.

In the in care group half the parents who had been together at reception into care remained so, but three mothers were now alone and three were with new partners. Seven of the nineteen mothers who had been known to be alone at reception into care had retained this status, four had been reunited with the children's father and four were living with a new partner. The whereabouts of the rest were unknown.

Four of the thirteen fathers who had been with the other

parent at reception into care, were now known to be alone while one was with a new partner. Eight of the seventeen fathers who had been alone had retained this status but two were now with another. Three fathers who had been living with a new partner at the time of their children's admission to care had retained this relationship. From these findings there are several conclusions. Children in the study had most chance of returning home to both parents who remained together throughout the time they were in care. If their parents were apart but mothers had remained alone in a one parent family, this also indicated for return. The few children who returned to their fathers went to live in an extended family with relatives or to their father and stepmother. There were some cases when children returned to their mothers and new step-fathers, but in general the reconstituted family seemed to indicate against return.

Where children returned home, parental relationships remained more stable and were less likely to change. The parents of children in care lost contact with Social Work Departments more frequently and experienced more changes in relationships with the other parent. Return was indicated against most strongly where both mothers and fathers had moved away from the local area to establish a home with a new partner.

Marital status of parents at the time of the study - total sample

As one might expect, the marital status of parents at the time of the study, reflected the general pattern of their relationships with each other. Where children returned to live in a two parent family unit, they returned to parents who were married to each other.

Table 4:18 Marital status of parents at the time of the study - total sample 222

	Children returned		Children in care	
	No.	%	No.	%
Married to each other	28	43.0	25	15.9
Married - separated	24	36.9	22	14.0
Divorced	6	9.3	18	11.4
Mother single - father single/ other	-	-	9	5.7
Widowed father	-	-	8	5.1
Widowed mother	-	-	3	1.9
Mother divorced - married to other - father divorced/ other	5	7.7	3	1.9
Father divorced - married to other - mother divorced/ other	2	3.1	3	1.9
Not known	-	-	66	47.2
Totals	65	100	157	100

Note:

Return group counted as parents involved in return only.

As Table 4:18 shows a much higher percentage of the return group were married to each other at the time of this study (43.0%), compared with the in care group (15.9%).²² Children returned to one parent families where the status of mother was that of legal separation rather than of divorce or spinsterhood. Conversely, a lower percentage of the in care group were separated from the other parent and a higher percentage were divorced and single. There were, in fact, no single parents in the return group.²³

There were two cases where children returned to divorced fathers living in an extended family, and another two cases where

children returned to their fathers and new stepmothers.

Marital status - interview sample

Table 4:19 shows that the interview sample reflected a similar pattern with an over-representation of parents who were married to each other. Overall, children tended to stay in care where their parents were apart (46.0%). By contrast, children had the best chance of return when they were reunited with two parents, married to each other (48%). Their second highest chance of return was to their separated mothers (36%). There was less chance of return to a new family unit and no return to single parents.

Table 4:19 Marital status of parents at the time of the study - interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
Married to each other	12	48.0	10	27.0
Married - separated	9	36.0	17	46.0
Divorced	1	4.0	3	8.1
Mother single - father single/ other	-	-	4	10.8
Widowed father	-	-	1	2.7
Widowed mother	-	-	1	2.7
Mother divorced - married to other - father divorced/ other	3	12.0	1	2.7
Father divorced - married to other - mother divorced/ other	-	-	-	-
Not known	-	-	-	-
Totals	25	100	37	100

Note:

Return group counted as parents involved in return only.

Throughout all of these findings is reflected the theme that it is more difficult for children to return to a one parent family headed by their fathers than one headed by their mothers. In this study, the role of mothers and fathers were clearly differentiated with the interviewed fathers seeing themselves as breadwinners whereas the mothers took the main responsibility for the day-to-day care of their children.

One can only speculate whether these fathers would have been able to retain their families, had better day-care or homemaker facilities been available. Schaffer and Schaffer (1968),²⁴ commenting on this problem in their study felt that a less rigid Home Help service might have prevented reception into care in 21% of cases.

The accommodation of families at reception into care

If families occupy a home which they rent or own, this may be an important factor in providing some basic stability and render them less at risk from breaking up than families who are living in temporary accommodation which offers less security of tenure. At least two British studies have suggested that families of children who come into care may have less permanent accommodation than the national average. Packman (1968)²⁵ found that 30% of families whose children were in long term care were not the sole occupants of their accommodation, and were sharing facilities with other families or relatives. The National Child Development Study (1969)²⁶ reported that families whose children had been in care were living in more overcrowded circumstances and had fewer facilities than the rest of the cohort.

It has also been suggested by these two studies that there is a high mobility rate among families of children who come into care. The National Child Development Study found a third of children under seven who had been in care had moved three to four times during their lives compared with only 13% of the cohort as a whole.²⁷ While not including local moves, Packman found that many families in her study had moved from one local authority area to another and suggested that such frequent and haphazard moves might be a characteristic of the families of children in long term care.²⁸

It has already been shown in this study that accommodation was a contributory reason for care in many instances. It was therefore decided to examine family accommodation in three ways. Firstly, the type of accommodation families were occupying at reception into care was compared on a return/non-return dichotomy to see if accommodation was a factor which indicated for or against rehabilitation. Secondly, since about one third of the families in the study had remained in the same accommodation, an attempt was made to see whether this kind of stability also had an effect on rehabilitation. Thirdly, since over two thirds of the families had changed their accommodation by the time of the study, it was decided to investigate which sort of changes indicated for or against return from care.

It would be unrealistic to discuss parents' accommodation without reference to the relationship between parents and the reason why children were received into care. Where appropriate, the influence of both these contributory factors are referred to in discussion.

Accommodation in which families were staying at the time children were admitted to care - total sample

Table 4:20 shows that accommodation which families were staying in at the time children were admitted to care and the effect of this accommodation on return. It can be seen from the

Table 4:20 Accommodation of families from which children received into care with return from care - total sample 222(175)

	Children returned		Children in care	
	No.	%	No.	%
Local authority	23	38.3	25	21.7
Furnished rented	2	3.3	14	12.2
Unfurnished rented	4	6.7	9	7.8
Shared with relatives	27	45.0	32	27.8
Owner/occupier	-	-	4	3.5
Other	4	8.7	31	27.0
Totals	60	100	115	100

Not known = 47

$$\chi^2 = 22.22 \text{ d.f.} = 5 \text{ } P = < 0.01$$

Table that there was a significant difference between the type of accommodation occupied by the return and in care groups ($\chi^2 = 22.23 \text{ d.f.} = 5 \text{ } P = < 0.01$).

The cross tabulations give only an indication of the influence of accommodation on return and do not represent any accurate predictive values since over three quarters of the sample changed their accommodation between reception into care and the time of the study. The figures are, however, useful in showing the type of accommodation occupied by parents at reception into care. It can be seen from the Table that families most frequently occupied

shared accommodation (33.7% of the known total sample) and local authority accommodation (27.4%). Although sampling methods are different in this study, these figures compare with those of Packman (1968)²⁹, who found an over-representation of families living in shared accommodation and in council houses. The large percentage of families living with relatives represented the proportion of single mothers and separated mothers who had left their husbands and returned to their maternal families. It was difficult to gauge the amount of over-crowding or the degree of sub-standard accommodation in the study since information on these two factors was not recorded in case files. From the addresses given in the files it was possible to gauge that many of the families were living in flats in tenement blocks. As Schaffer and Schaffer (1968)³⁰ have pointed out, this type of accommodation is consistent with the pattern of Scottish working class housing.

Accommodation - interview sample

Table 4:21 shows the pattern of accommodation for families in the interview sample at the time of reception into care. This was not representative of the total sample and there was no significant difference between the return and in care groups. Differences were accounted for by the larger percentage of families who were in local authority housing (37.1%), and the lower percentage who were living with relatives (24.2%). Families who were living in other accommodation (mainly guest houses and lodgings), were slightly over-represented in the interview sample. This was consistent with the large number of families in the interview sample who had been evicted. While some children had

Table 4:21 Accommodation of families from which children received into care with return from care - interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
Local authority	12	48.0	11	40.5
Furnished rented	-	-	2	5.4
Unfurnished rented	2	8.0	1	2.7
Shared with relatives	9	36.0	6	16.2
Owner/occupier	-	-	2	5.4
Other	-	-	15	29.7
Totals	25	100	37	100

$$\chi^2 = 7.45 \text{ d.f.} = 5 \text{ } P = < 0.50 \text{ not significant}$$

been received into care before their parents' eviction, others had been placed with one or both parents in temporary accommodation and had been received into care when these arrangements had come to an end.

The part played by relatives in offering accommodation at reception into care deserves special mention. Packman (1968)³¹ noted regional differences in the help offered to families whose children had come into care, with more support by relatives in the north of England rather than in the south. Although an exploration of kinship patterns was outside the scope of this study, it would seem that the Scottish families followed the northern pattern of those who had relatives who were willing to help them. It has already been shown in Table 4:6 that at least 31.5% of children had been living with their parents and/or relatives at reception into care.

These were two factors which influenced the help offered by

relatives. The first was that help was more available from maternal relatives, a factor which has been noted elsewhere, (Schaffer and Schaffer 1968).³² In this study, it was shown by the fact that in sixty-two out of the seventy cases where relatives were involved, they were from the maternal side of the family. The second factor was that the help which was offered was of a temporary nature. This was particularly evident in the case of separated or deserted parents who had remained with relatives for a short time after children had been received into care but then moved on. Twenty-four out of the forty-nine cases in the in care group in the total sample represented single mothers who were living with their parents. Although these parents had been willing to offer shelter to their pregnant daughters, and though their attitude towards grandchildren was generally positive, through lack of space they were unable to offer accommodation after the birth.³³

It seemed reasonable to assume that most families turn to their relatives for help in times of crisis. The fact that the study parents were unable to find this sort of support might be an important factor in causing a child's admission to care. Parents in the interview sample were therefore asked why relatives did not look after their children. Their answers are shown in Table 4:22. It can be seen from this table that twenty-three families in the interview sample (37.1%) had received help from relatives in some form. In thirteen cases (21.0%), relatives had offered accommodation on a temporary basis to the whole family. In ten cases, while relatives had no room for children,

Table 4:22 Reasons given by interviewed families for lack of help from relatives - interview sample 62

	No.	%
Relatives could offer temporary help only	13	21.0
No room for whole family	10	16.1
Unwilling to help	6	9.6
Lost contact/relative too old	9	14.5
Unwilling to ask for help	20	32.3
Court order (not applicable)	4	6.5
Totals	62	100

they had offered accommodation to the parents. In only six cases (9.6%) had relatives refused to help, (three of these were the families of single parents). 14.5% of families lost contact with relatives or felt that they were too old or ill to help. What was of particular interest was the large percentage of families to which the study parents had been unwilling to turn to in a time of crisis. (32.3%) Nearly half the interviewed parents in this group commented that they had preferred to remain independent and, in some cases, said they had been ashamed to admit that their children had been received into care. Others implied that they were not on good terms with their families.

The accommodation of parents at the time of the study

It had been the original intention to present cross-tabulations of the accommodation of parents at the time of the study on a return/non-return dichotomy. Because of the number and complexity of changes in parental relationships in the in care group, and because not all parents were involved with their children's return, this presentation was abandoned in favour of a descriptive

account of accommodation.

There were three ways in which the patterns of accommodation at this time could be usefully considered. The first is shown in Tables 4:23 and 4:24 and outlines the type of accommodation

Table 4:23 Type of accommodation to which children in the return group had been discharged - families in return group, total sample 65

	No.	%
Local authority	40	61.5
Furnished/rented	2	3.1
Unfurnished/rented	8	12.3
Relatives	7	10.8
Other	8	12.3
Totals	65	100

Table 4:24 Type of accommodation to which children in the return group had been discharged - families in return group, interview sample 25

	No.	%
Local authority	19	76.0
Furnished/rented	1	4.0
Unfurnished/rented	2	8.0
Relatives	1	4.0
Other	2	8.0
Totals	25	100

to which children in the return group in both the total and the interview sample had been discharged. From the Tables, it can be seen that in both samples, a substantial number of children were discharged to local authority housing (61.5% total sample, 76% interview sample). By contrast, the least number of families were

reunited in furnished accommodation (3.1% total sample and 4.0% interview sample). Families who were re-united in 'other accommodation' included those who owned their house, those in service quarters and one family in the total sample who was living in a caravan.

The second way of looking at accommodation at the time of the study was to assess how changes had affected return. Since these often included changes in parental relationships, it seemed important to include not only the accommodation to which the children had returned but the family composition at this time. Tables 4:25 and 4:26 show two factors, firstly whether the accommodation to which children returned was different to that at reception into care and secondly, to what type of family unit they returned. The Table has been confined only to parents who were involved in their children's return. The thirty-seven parents in the total sample and thirteen parents in the interview sample who were not present at children's return were excluded. Table 4:25 shows that, in the total sample, only eighteen families (27.7%) of the return group were reunited in the same accommodation, while Table 4:26 presents a very similar situation in the interview sample (seven families 28%). It is of interest that, in all these cases, children returned to the same family unit they had left at reception into care and in half the families, illness of one of the parents had been the primary reason for care. Eight families returned to both parents, of whom seven were in local authority accommodation. Seven children returned to their mothers, three to local authority accommodation, two to furnished flats and two to stay with an extended family. In two cases,

Table 4:25 Family composition at discharge from care with accommodation to which children were discharged - total return group 65

Child discharged to:	Type of accommodation							
	Local Authority		Furnished/unfurnished		Relatives		Other	
	Same	Change	Same	Change	Same	Change	Same	Change
Both parents 28	7	15	-	4	1	1	-	-
Mother only 26	3	8	2	2	2	3	-	6
Father only 2	2	-	-	-	-	-	-	-
Mother & new partner 7	-	2	-	2	-	-	-	-
Father & new partner 2	-	-	-	-	-	-	1	1
Totals	12	25	2	8	3	4	1	7

Table 4:26 Family composition at discharge from care with accommodation to which children were discharged - interview return group 25

Child discharged to:	Type of accommodation							
	Local Authority		Furnished/unfurnished		Relatives		Other	
	Same	Change	Same	Change	Same	Change	Same	Change
Both parents 12	4	8	-	-	-	-	-	-
Mother only 9	2	3	-	3	1	-	-	-
Father only 0	-	-	-	-	-	-	-	-
Mother & new partner 4	-	2	-	-	-	-	-	2
Father & new partner 0	-	-	-	-	-	-	-	-
Totals	6	13	-	3	1	-	-	2

children returned to a one parent family headed by their fathers
(In one case there had been a slight change in the family unit.
Although the father had been alone at reception into care, on his

children's return the paternal grandparents had moved into the household). In the other case, children returned to their father and step-mother who were living in lodgings.

The majority of families (67.7% of the total sample and 72% of the interview sample) were reunited in different accommodation. The biggest change was the move to local authority housing, experienced by twenty-five families (38.5%) of the total return group and thirteen families (52%) of the interview return group. Seventeen out of these twenty-five families in the total sample and nine out of the thirteen in the interview sample had been evicted and rehoused after paying off their rent arrears. Other families who had been evicted (seven in the total sample and two in the interview sample) had been rehoused mainly in privately rented unfurnished accommodation or in local authority temporary housing. There was a significant decline in the numbers of parents in the return group who were living with relatives at the time of their children's return. Although four separated mothers in the total sample had taken children to live with maternal grandparents, 71.4% of those who had been living with relatives at reception into care had been rehoused by the local authority by the time their children were discharged.

Accommodation of parents at the time of the study - in care group

The in care group presented a complex picture of changes, both of accommodation and relationship between parents. This presented difficulties in analysing the present accommodation of mothers and fathers who might often be in different households. Since almost all the children in the return group had returned to the same family unit

from which they had been received into care, it was decided that the best way of evaluating the accommodation situation of the in care group would be to trace what had happened to parents who were present at the time of their children's reception into care.

Accordingly, all other parents were excluded. In cases where two parents had been present at reception into care but had subsequently separated the sample included the accommodation of mothers only. This decision was made because the presence or absence of mothers seemed to be a significant factor in indicating for or against return.

Tables 4:27 and 4:28 show the type of accommodation of the in care group in both the total and interview samples at the time of the study. From Table 4:27, it can be seen that, in contrast to the return group of the total sample, only 18.5% of parents who

Table 4:27 Type of accommodation occupied by in care group at the time of the study (households where parents present at reception into care) - in care group, total sample 157

	No.	%
Local authority	29	18.5
Furnished	22	14.0
Unfurnished	4	2.5
Relatives	25	15.9
Other/unknown	53	33.8
Whereabouts of parent(s) unknown	24	15.3
Totals	157	100

had been present at reception into care were living in local authority accommodation. There was a corresponding increase in parents who were living in rented furnished accommodation (14%

compared with 3.1% return group), rather less families in unfurnished accommodation and rather more with relatives. The most significant differences from the return group were that 33.8% of families were living in other accommodation. In many cases, this represented an unknown type of accommodation which was in an area outside that covered by the two study Social Work Departments. Finally, there were 15.3% of families whose whereabouts were unknown.

The pattern was slightly different in the interview sample where there was a greater representation of families living in local authority accommodation and an under-representation of families who were living with relatives.

Table 4:28 Type of accommodation occupied by in care group at the time of the study (households where parents present at reception into care) - in care group, interview sample 37

	No.	%
Local authority	13	35.1
Furnished	5	13.6
Unfurnished	3	8.1
Relatives	3	8.1
Other/unknown	12	32.4
Whereabouts of parent(s) unknown	1	2.7
Totals	37	100

Changes in parental relationships and accommodation - in care group

Tables 4:29 and 4:30 show the number of families in the in care group who had changed their accommodation by the time of the study and the current state of parental relationships. It can be seen from Table 4:29 that 39.1% of families had remained in the

Table 4:29 Parental relationships in the in care sample of parents who had been present at reception into care with accommodation at the time of the study - total in care group 157 (133)

	Local Authority		Furnished		Unfurnished		Relatives		Other	
	Same Change		Same Change		Same Change		Same Change		Same Change	
Both parents together	3	9	2	1	1	-	2	2	-	5
Mother alone	5	5	3	7	-	1	3	4	6	6
Father alone	2	-	2	5	1	-	8	5	7	10
Mother & new partner	2	3	1	1	-	-	-	1	1	14
Father & new partner	-	-	-	-	1	-	-	-	2	2
Totals	12	17	8	14	3	1	13	12	16	37

Not known 24

same accommodation. This represented a higher state of stability than in the return group where only 27.7% had retained the same dwelling. Differences may be accounted for by the higher number of fathers who retained the same accommodation after their wife's death or desertion.

It will be seen from the table that twenty-nine parents (18.5%) were living in local authority accommodation. Yet in spite of this apparent security, children had not returned home. This may be accounted for by the fact that in the in care group only one of the families who was living in local authority housing had been separated because of eviction. In other families, children had come into care because of long term mental illness, neglect, desertion of mother or other family problems. These differences would suggest that the difficulties experienced by the homeless parents in the return group were more surmountable than the problems experienced by parents in the in care group, since even where parents in this latter group had the advantage of tenured accommodation and had remained together, the nature of their problems had prevented them from securing the return of their children.

A further point was the affect which remarriage of the mother had on the return of children from care. There were nineteen mothers who had remarried and changed their accommodation. Comments from the interviewed mothers who were in this situation suggested that the attitude of step-fathers was of considerable importance in deciding whether children came home or remained in care. Some mothers felt they had been placed in a position of choosing between

Table 4:30 Parental relationships in the in care sample of parents who had been present at reception into care with accommodation at the time of the study - interview in care group 37

	Local Authority		Furnished		Unfurnished		Relatives		Other	
	Same Change		Same Change		Same Change		Same Change		Same Change	
Both parents together	2	4	1	-	-	-	2	-	-	2
Mother alone	2	-	-	3	-	-	3	-	-	2
Father alone	4	-	1	-	-	-	-	1	-	-
Mother & new partner	-	1	-	1	-	-	-	-	-	7
Father & new partner	-	-	-	-	-	-	-	-	-	1
Totals	8	5	2	4	-	-	5	1	-	12

their new husbands and sometimes new children and those by the previous marriage.

As Table 4:30 shows the interview sample reflected the pattern of the total sample. Although parents had remained together or were in local authority housing the nature of their problems seemed to prevent return from care. Lone fathers were particularly vulnerable although many had retained the same family home.

These findings suggest several factors. Stability of accommodation did not necessarily indicate for return from care. Only a minority of children had returned to the same dwelling from which they had been received into care. Local authority housing seemed to provide the most secure base for the return of children, particularly if both parents were present. Children also had a favourable chance of return to a one parent family headed by their mothers. In many of these cases, mothers had initiated a change of accommodation by leaving their partners and being rehoused elsewhere by the local authorities. There was no doubt that, in cases where separation and/or desertion had been the main reason for care, the temporary accommodation which had been afforded by relatives at reception into care had provided invaluable support until mothers were able to re-establish a new home elsewhere. The presence or absence of mother was a major factor which indicated the return from care, irrespective of the type of accommodation in which families were placed.

By contrast, where parents were in local authority housing in the in care group, their children's stay in care was distinguish-

ed by the reasons for admission. In spite of having secure accommodation these families were experiencing considerable problems at the time of the study.

Although some children returned to their mothers and a step-father, the formation of the reconstituted family generally indicated against return. Many of these families had moved away from the area of origin which, along with the negative attitude of step-fathers had tended to reinforce detachment from the children who were in care.

Changes in parental accommodation were therefore not detrimental to return from care, provided that parental circumstances were also favourable.

Income of families at reception into care

By far the most dominant contributory reason for care was financial difficulties experienced by 29.4% of families in the total sample (see Table 4:5). Rather more families in the return group (46.1%) were experiencing financial difficulties than in the in care group (37.8%). To some extent, this was accounted for by the fact that financial difficulties were linked with eviction which was the primary reason for care in a third of the return group.

The predominance of these difficulties may be explained by examining the source of income of families at reception into care. Table 4:31 shows the source of income for families in the total sample. 31.3% of families (out of 192) were known to be living on unemployment or supplementary benefit at the time of their children's reception into care. An even larger proportion (52.6%) were

Table 4:31 Families' source of income at reception into care with return from care - total sample 222(192)

Source of income	Children returned		Children in care	
	No.	%	No.	%
Earnings of father	43	66.2	58	45.7
Earnings of mother	3	4.6	12	9.4
Earnings of both parents	-	-	1	0.8
Unemployment benefit	7	10.8	24	18.9
Supplementary benefit	7	10.8	22	17.3
Supported by earnings of others	5	7.6	10	7.9
Totals	65	100	127	100

$\chi^2 = 8.21$ d.f. = 6 $P = < 0.50$ not significant Dont know = 30

living on the father's earnings. A minority of families were supported by their relatives while the remaining mothers who were co-habiting or had remarried were dependent on the income of their new partners.

Comparing the total sample on a return/non-return dichotomy, it can be seen from Table 4:31 that more families in the return group were supported by the income earned by fathers (66.2%) compared with in the in care group (45.7%). Conversely, slightly more families in the in care group were dependent on supplementary or unemployment benefits (36.2% compared with 21.6% in the return group). There was only one family living on two incomes. The percentage of families where mother was the primary breadwinner was very low (7.8%) and was confined to single or separated mothers. On a return/non-return dichotomy, the differences between the two groups were not statistically significant.

Family income - interview sample

As Table 4:32 shows, the pattern was more exaggerated in the interview sample with 29% of families living on unemployment or

Table 4:32 Families' source of income at reception into care with return from care - interview sample 62

Source of income	Children returned		Children in care	
	No.	%	No.	%
Earnings of father	20	80.0	18	48.6
Earnings of mother	1	4.0	3	8.1
Unemployment benefit	2	8.0	10	27.0
Supplementary benefit	1	4.0	5	13.5
Supported by earnings of others	1	4.0	1	2.7
Totals	25	100	37	100

$$\chi^2 = 5.87 \text{ d.f.} = 4 \text{ } P = < 0.50 \text{ not significant}$$

supplementary benefit and 61.3% being dependent on the earnings of father. The majority of families in the return group (80%) were supported by parental earnings compared with around half (48.6%) in the in care group. There were more than three times as many families in the in care group dependent on unemployment or supplementary benefits than in the return group.

Writers have suggested that families living on a low income are vulnerable for several reasons. Firstly, Dinnage and Pringle (1967)³⁴ believe that low income deprives families of finding good housing or day care. Secondly, as Spencer (1970)³⁵ points out, housing deprivation is associated with health. Stress and nervous conditions can be caused by bad housing conditions, while damp and cold may exacerbate certain physical ailments. Hopkinson (1976)³⁶

has suggested that the one parent family dependent on state benefits may be particularly vulnerable. Research relating specifically to other families of children in care (Packman 1968³⁷ and Walton and Heywood 1971)³⁸ has indicated a very high dependency on state benefits. Because of differing sampling methods, direct comparisons of these two studies with this one are not possible. Nevertheless a substantial number of families in this study whose children remained in long term care were dependent on state benefits.

In this study, an even higher proportion of families were supported by parental earnings yet seemed no less vulnerable than those who were living on state benefits. At first this might seem contradictory but, as Abel-Smith and Townsend (1965)³⁹ found, earned income is not necessarily an indicator of wealth and indeed, Holman (1970)⁴⁰ is of the opinion that low earned income is in itself a major aspect of poverty.

Because children were received into care over a period of several years it was not possible to identify the significance of the income levels of families at reception into care. One way of giving some indication of income levels at reception into care was to look at the occupational status of each family's major breadwinner. One hundred and sixteen families were known to be dependent on parental earnings at the time their children were received into care. In ninety-eight cases, the occupation of the principal wage earner was recorded. Tables 4:33 and 4:34 show the distribution of occupation in the total and the interview samples on the Registrar General's scale (1961 Census). These Tables show very clearly that, in both samples, the unskilled manual worker was over-

Table 4:33 Occupational status of major wage-earner at the time of reception into care - total sample 98

	No.	%
Social class: I	1	1.0
II	3	3.1
III	18	18.4
IV	35	35.7
V	41	41.8
Totals	98	100

Occupational status not known 19

Known to be unemployed 31

Table 4:34 Occupational status of major breadwinner at reception into care - interview sample 42

	No.	%
Social class: I	-	-
II	1	2.4
III	8	19.1
IV	14	33.3
V	19	45.2
Totals	42	100

Known to be unemployed 5

represented and that the professional manager and non manual worker was under represented, a finding consistent with that of Packman (1968),⁴¹ the Schaffers (1968),⁴² and Walton and Heywood (1971)⁴³. These figures do not give a precise level of income, but it is generally accepted that the unskilled worker is disadvantaged in two ways. Often he earns less than the skilled worker and is placed more at risk because unskilled work is offered on a

contract basis which brings no security.

Income of parents at the time of the study

In general, although it was possible to examine in more detail whether financial support at the time of the study was a factor influencing rehabilitation, information about income was lacking in 25.7% of cases. This reflected the number of parents whose whereabouts were unknown to Social Work Departments at the time of the study.⁴⁴

In spite of this lack of information, it was possible to look at family income in several ways. Firstly, any changes that had taken place in the patterns of financial support between reception into care and the time of the study were examined and their influence on return assessed. Secondly, the distribution of financial support at the time of the study in both the total and interview samples was enumerated and comparisons made on a return/non-return dichotomy. Thirdly, although information was lacking on the occupational status of the families in the total sample, it was possible to look at the occupational status of the major breadwinners in the interview sample. Fourthly, since parents were interviewed within a relatively short span of time, it was possible to make some assessment of whether families in the study were high or low wage earners. This was done by taking their actual level of income and comparing it against the findings of other studies and projected average incomes given by national statistics.

Comparing families' patterns of financial support at the time of the study with those existing when their children were received into care, it was evident that 31% of parents had continued to

Table 4:35 Changes in sources of income of families between reception into care and time of the study - total sample 222 (127)

Source of income at reception into care	Source at time of study	Children returned		Children in care	
		No.	%	No.	%
Father's earnings	Father's earnings	10	27.0	33	36.7
Supplementary benefit	Father's earnings	2	5.4	6	6.8
Other support	Father's earnings	-	-	1	1.1
Mother's earnings	Mother's earnings	2	5.4	4	4.4
Supplementary/un-employment benefit	Mother's earnings	-	-	2	2.2
Father's earnings	Mother's earnings	1	2.7	1	1.1
Father's earnings	Earnings of both parents	2	5.4	2	2.2
Father's earnings	Supplementary/un-employment benefit	5	13.5	8	8.9
Mother's earnings	Supplementary/un-employment benefit	1	2.7	1	1.1
Other support	Other support	3	8.1	5	5.6
Other support	Supplementary/un-employment benefit	-	-	2	2.2
Supplementary/un-employment benefit	Supplementary/un-employment benefit	7	18.9	18	20.0
Father's earnings	Other support	1	2.7	2	2.2
Supplementary/un-employment benefit	Other support	3	8.1	4	4.4
Earnings of both	Other support	-	-	1	1.1
Totals		37	100	90	100

Not known 95

Note: Sample confined to families where income known both at reception into care and the time of the study.

Table 4:36 Changes in sources of income of families between reception into care and the time of the study - interview sample 62

Source of income at reception into care	Source at time of study	Children returned		Children in care	
		No.	%	No.	%
Father's earnings	Father's earnings	10	40.0	9	24.3
Supplementary/un-employment benefit	Father's earnings	3	12.0	2	5.4
Mother's earnings	Mother's earnings	1	4.0	3	8.1
Supplementary/un-employment benefit	Mother's earnings	-	-	2	5.4
Father's earnings	Mother's earnings	2	8.0	-	-
Father's earnings	Earnings of both parents	1	4.0	2	5.4
Father's earnings	Supplementary/un-employment benefit	4	16.0	3	8.1
Supplementary/un-employment benefit	Supplementary/un-employment benefit	1	4.0	11	29.7
Father's earnings	Other support	3	12.0	5	13.5
Totals		25	100	37	100

maintain the same pattern of support. Table 4:35 shows the changes that had taken place in the total sample. Comparisons were confined to cases where the income at both reception into care and the time of the study was known. There was no significant difference in the changes which had taken place between the in care and the return group. Although the number of families dependent on parental earnings in the return group had increased fractionally, so had the number of families dependent on state benefits. Table 4:36 shows a similar distribution in the interview sample. The full distribution of parental income at the time of the study in both the total and interview samples is shown in Tables 4:37 and 4:38. The

Table 4:37 Families' source of income at the time of the study
with return from care - total sample 222

	Children returned		Children in care	
	No.	%	No.	%
Earnings of father	35	57.4	40	38.5
Earnings of mother	3	4.9	7	6.7
Earnings of both parents	1	1.6	2	1.9
Unemployment benefit	3	4.9	9	8.7
Supplementary benefit	12	19.7	25	24.6
Supported by earnings of others	7	11.5	21	20.2
Totals	61	100	104	100

Not known 57

$$\chi^2 = 6.31 \text{ d.f.} = 4 \text{ } P = < 0.50 \text{ not significant}$$

Table 4:38 Families' source of income at the time of the study
with return from care - interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
Earnings of father	13	52.0	11	29.7
Earnings of mother	3	12.0	5	13.5
Earnings of both parents	1	4.0	2	5.4
Unemployment benefit	2	8.0	3	8.1
Supplementary benefit	4	16.0	11	29.7
Supported by earnings of others	3	12.0	5	13.5
Totals	25	100	37	100

$$\chi^2 = 3.56 \text{ d.f.} = 5 \text{ } P = < 0.90 \text{ not significant}$$

return sample was measured as families to whom children returned while the in care sample traced what had happened to the families from which children had been received into care. Where parents had separated, the mother's source of income was counted rather than fathers', since the presence of mothers indicated for return.

There was no significant difference on a return/non-return dichotomy in both samples, but slightly more families in the return group in the total sample were dependent on parental earnings while slightly more in the in care group were supported by state benefits or others.⁴⁵

The interview sample reflected very closely the pattern of the total sample with two slight differences: an over-representation of families supported by the earnings of mother and the absence of parents dependent on the income of new partners.

Although it may seem at first glance that children returned home more often to families where the father was the principal breadwinner who would have provided a higher income than that supplied by supplementary benefit, this was not necessarily the case. Income was measured in two ways. Firstly, by looking at the occupational status of the forty-two families in the interview sample who were dependent on parental earnings and secondly, by looking at the actual income levels of all the families in the interview sample. Tables 4:39 and 4:40 shows the occupational status of families in both the total and the interview samples. As might be expected the pattern of occupation at reception into care was repeated at the time of the study.

Table 4:39 Occupational status of major wage-earner at the time of the study - total sample 78

	Occupational status	
	No.	%
Social class: I	1	1.3
II	4	5.1
III	12	15.4
IV	28	35.9
V	33	42.3
Totals	78	100

Known to be unemployed 12

Occupational status of wage-earner not known 10

Table 4:40 Occupational status of major wage-earner at the time of the study - interview sample 35

	Occupational status	
	No.	%
Social class: I	-	-
II	2	2.4
III	8	19.0
IV	10	37.3
V	15	45.2
Totals	35	100

Known to be unemployed 10

Note: Occupational status of fathers only counted where both parents wage-earners

The second way of measuring family income is to look at the actual earned income of families in the study. The question has to be asked - What is low income? There are two reference points against which income can be measured. The first is to take the

median gross weekly earnings of a British manual worker in 1970. This was around £26.⁴⁶ The second way of assessing earnings is to compare actual income levels against the minimum laid down for subsistence by the Department of Health and Social Security. In 1970, the minimum supplementary benefit which should have been paid to a two parent family with two children including rent allowance was £12.81.⁴⁷

Table 4:41a Earned income of families in interview sample at the time of the study.

Amount weekly	No.	%
£25 or over	5	14.2
£15 & under £25	15	43.0
£10 & under £15	12	34.3
Under £10	3	8.5
Totals	35	100

Table 4:41b Weekly payments to families as supplementary/unemployment benefit.

	No.	%
£20 or over	-	-
£15 & under £20	1	5.0
£10 & under £15	11	55.0
Under £10	8	40.0
Totals	20	100

From Table 4:41 it can be seen that 85.8% of families were earning well below the national average. Furthermore, the wage earners were often earning little more than the state benefits which supported the rest of the families in the interview sample.

It would therefore seem that many of the families in the interview sample were living on little more than what was considered subsistence level and the majority earned an income well below the national average. Since there are close similarities between the occupational status of the interview samples at reception into care and at the time of the study and between the total and interview samples at the time of reception into care, it seems reasonable to speculate that the income level of the total sample would have followed the pattern of that of the interview sample. It is therefore not surprising that many families experienced financial difficulties as a contributory reason for care.

To conclude: The means of financial support for parents at reception into care and at the time of the study was not a significant factor in facilitating the return of children from care. It was very clear however, that at reception into care and at the time of the study, many parents held a low occupational status which put them financially at risk. Even those who were wage earners at the time of the study were living on a very low income which was well below the national average. Their incomes would suggest that as a group, the parents of children who come into care may often be living on an income which barely meets their basic needs.

Age of parents at the time of reception into care

It has been shown that the relationship and marital status of parents and their accommodation were factors in facilitating the return of children from care. It has also been shown that where children returned to a one parent family, the fact that their

mothers were separated rather than single was an important differential in indicating return. These factors may well be linked to the age parents had reached by the time their children were admitted to care. There has been some evidence from previous British studies that the age of parents at reception into care has an influence on the children's length of stay. Packman (1968)⁴⁸ found that younger parents were more vulnerable to long term care and attributed this to the fact that they have had less chance to establish a home and have also less financial security. Holman (1973)⁴⁹ added some weight to Packman's suggestions by showing that 72.3% of parents whose children were in local authority care in his study were under the age of thirty. Finally, the National Child Development Study (1969)⁵⁰ pointed out that mothers under the age of twenty-one were over-represented in the group of children who were received into care.

From his Canadian study, Murphy (1968)⁵¹ concluded that, besides the lack of material resources, other cultural factors may combine with the age of mothers at reception into care to affect the length of time children remain in separation. If the expectation of society is that younger women should wish to pursue a career, then younger mothers may be reluctant to accept the responsibility that the care of young children demands. Older mothers (over thirty), may be more willing to accept parental responsibilities and may also have more investment in the family home which they have had time to build up. Therefore Murphy suggests they are more likely, firstly to prevent their children coming into care and if care is unavoidable, to ensure they are returned as soon as possible.

Unfortunately, the ages of mothers at reception into care were not recorded in case files in a quarter of the total sample. Information on fathers' ages was even more scarce and was missing in over a third of cases. Information was not recorded in many of the cases of the putative fathers of illegitimate children. Even where fathers had been the principal child-caring person making the arrangements for children's reception into care, their ages were often not recorded. Because of this lack of information, it was decided to compare the influence of the ages of mothers but not fathers on the return of children from care.

The influence of mothers' age at reception into care on return

The influence of mothers' age on the length of stay in care is shown in Table 4:42. Comparing ages on a return/non-return dichotomy, there was almost a significant difference between the in care and return groups. ($P = < 0.10$)

Table 4:42 Age of mothers at reception into care with return from care - total sample 222 (166)

	Children returned		Children in care	
	No.	%	No.	%
Under 21	3	5.4	16	14.5
21 - 30	32	57.1	60	54.5
31 - 40	17	30.4	29	26.5
41 - 50/over 50	4	7.1	5	4.5
Totals	56	100	110	100

Not known 56

$$\chi^2 = 10.0 \text{ d.f.} = 5 \quad P = < 0.10$$

It could be expected that the age distribution of mothers in the sample would be in line with the general distribution of child bearing ages. This was borne out by the fact that out of the sample of 166, 55.4% of mothers were aged between twenty and thirty when their children were received into care, 27.7% between thirty and forty and 11.4% under the age of twenty-one. A minority of mothers, 5.4% were aged over forty. The most marked distinction between return and non-return was to be seen in the youngest age group. Nearly three times as many children of the younger mothers remained in care (14.5%) than returned home (5.4%). Over half those who had been received into care when their mothers were under the age of twenty-one were illegitimate and had remained in care for over five years. For the rest of the sample, children's chances of returning home increased slightly as their mothers became older but the difference was not very marked. Where mothers were aged between thirty and forty, 30.4% of families were reunited compared with 26.5% who remained in care. There was a similar proportional difference between the over forties group with 7.1% returning home and 4.5% remaining in care.

Differences between the two groups in both these categories could be accounted for to some extent by reason for care. In the return group, children returned to families who had been evicted or to a one parent family headed by their mother. They also tended to return once their mothers had recovered from illness and in four cases in the thirty to forty group had been received into care because of unsatisfactory home conditions. By contrast, they stayed in care where mothers had been admitted to psychiatric hospital, were

in desertion or were single at reception into care.

As Table 4:43 shows the interview sample was fairly representative of the total sample. There were very similar percentages of

Table 4:43 Age of mothers at reception into care with return from care - interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
Under 21	1	4.1	3	9.1
21 - 30	15	62.5	19	57.6
31 - 40	7	29.3	9	27.3
over 40	1	4.1	2	6.0
Totals	24	100	33	100

Not known = 5

$$\chi^2 = 1.9 \text{ d.f.} = 5 \text{ } P = < 0.50$$

mothers in the under and over thirty age groups. There was a slight over-representation of single mothers under twenty-one whose children remained in long term care. On a return/non-return dichotomy the interview sample was not significant. Several conclusions can be made from the above findings. Firstly, the most vulnerable group of mothers were those who were single and aged under twenty-one at the time of their children's admission to care. For the rest of the sample, there was no indication that being under or over thirty indicated for or against return. It seemed that age of mothers was not an independent factor in influencing length of stay in care but was related to reasons for care. The findings in this study are rather complex and only support in part Murphy's theory about the influence of cultural expectations. While the

majority of mothers who had deserted their families were under thirty at the time of their children's reception into care a substantial number were over thirty, which would suggest that chronological age was not a totally active predictor of maternal responsibility.

The findings here do, however, support those of Packman and suggest that accommodation and financial vulnerability are special problems for the young single mother. The majority of parents who had been evicted also came into this age group. It may well be that the younger, less experienced family finds it more difficult to manage on a very low income. It should be remembered however that financial hardship was by no means confined to younger families in the study and was experienced by all age groups.

The influence of the age of children at reception into care - total sample

Although the ages of parents may not have been a significant independent factor indicating for or against return from care, other British research studies have suggested that young children may be very vulnerable to long term care. Annual returns suggest that a large proportion of the total number of children in care are under school age.⁵² Rowe and Lambert's (1973)⁵³ study on children in long term care found that many children in their sample had spent the greater part of their lives in care. The distribution of children's ages and their relationship with length of stay in care in the total and interview samples is shown in Tables 4:43 and 4:44.

On a return/non-return dichotomy, in the total sample, there was a very significant difference between the in care and return groups ($\chi^2 = 52.82$ d.f. = 4 $P = < 0.001$).

Table 4.43 Age of children at reception into care with return from care - children total sample 445

	Children returned		Children in care	
	No.	%	No.	%
Under 2 years	25	15.3	113	40.0
2 and under 5 years	42	25.8	91	32.3
5 and under 10 years	72	44.1	64	22.8
10 years and over	24	14.8	14	4.9
Totals	163	100	282	100

$$\chi^2 = 52.82 \quad \text{d.f.} = 4 \quad P = < 0.001$$

40% of the in care group was composed of children who had come into care under the age of two years. The next most vulnerable group were the two to four year olds, accounting for 32.3% of the in care group. They were followed by those who had been over five but under ten years of age at reception into care (22.8%) while those over ten years of age were sparsely represented.

In the return group, the five to ten year olds were clearly the most advantaged, accounting for 44.1% of this group. The next group of children who were most likely to return home were those in the two to four age group, who represented over a quarter of the children who had been reunited with their families. Children over ten and under two were evenly represented but in comparison to the in care group there were far more children over the age of ten (14.8% compared with 4.9% in care group) and far less children under the age of two (15.3% compared with 40% in care group).

The two to four year olds deserve special mention because they

were well represented in both the in care and the return groups. For them age alone did not seem to be a totally independent variable.

Differences can be accounted for by looking at reasons for care.

The two to four year olds who returned home had been separated from their parents mainly because of homelessness or maternal illness. Their counterparts who remained in care had been admitted after the death or desertion of their mothers or because their single mothers child-care arrangements had broken down.

The influence of the age of children at reception into care on return - interview sample

With one or two notable differences, as Table 4:44 shows, the interview sample followed the pattern of the total sample with younger children, especially those under the age of two being over-represented in the in care group while those over the age of five were over-represented in the return group. Statistically, on a return/non-return dichotomy, the two groups were not quite significant.

Table 4:44 Age of children at reception into care with return from care - children interview sample 142

	Children returned		Children in care	
	No.	%	No.	%
Under 2 years	9	13.4	21	28.0
2 and under 5 years	15	22.4	21	28.0
5 and under 10 years	30	44.8	25	33.3
10 years and over	13	19.4	8	10.7
Totals	67	100	75	100

$$\chi^2 = 8.15 \quad \text{d.f.} = 4 \quad P = < 0.10 \text{ not significant}$$

The main differences between this sample and the total one was that there was an over-representation of school-aged children, and an under-representation of two to four year olds in the in care group.

Differences may also be accounted for by the fact that the interview sample as a whole was over-represented in the return group. This affected age in two ways. Firstly, there were a number of large families who had come into care because of eviction. Many of the children in these families were older and returned home quickly. Secondly, there were significantly less children in the interview sample who had been received into care because of their single mothers' inadequate child-care arrangements. It was many of these children who represented the younger age group who had remained in care for over five years in the total sample.

Acknowledging the differences between the total and interview samples, it is still possible to conclude that older children had a better chance of an early return home from care and younger children, particularly those under the age of one year, were more likely to remain in long term care.

The vulnerability of younger children may be explained in two ways. Firstly, it may well be, as Schaffer and Schaffer (1968)⁵⁴ found, that a younger child presents more child care problems in times of crisis, whereas an older child, who has been established into the family routine can adjust more easily to periods of change. Secondly, as Stevenson (1968) has pointed out, at reception into care we are 'breaking prematurely the life line of the

developing child'.⁵⁵ If a child is received into care at an early age, it may well be that his relationship and life line with his parents is extremely tenuous. In any circumstances, once a child has been separated from his parents for some time in any circumstances, as Jehu (1963)⁵⁶ has suggested, there is a natural tendency for the rest of the family to close ranks in order to gain a new equilibrium. Once this is done, it is difficult for an absent member to be reinstated easily. For a younger child, whose filial bonds have not fully developed, re-entry into the group may be even more difficult.

In his Canadian study, Murphy (1968)⁵⁷ brought research evidence to endorse Stevenson's supposition. He found firstly, that where children under the age of five had been separated from their mothers for any period of time over four weeks before their admission to care, then there was a probability that they would remain in care for at least two years, and that the frequency of separations was significant as a predictive factor in relation to length of stay in care. If one separation between child and parent is likely to affect their relationship, then several separations while the child is at an early age may weaken the life line between parent and child irreparably.

To test out the predictive value of early and frequent separations, it was decided to ask parents in the interview sample about the separations of any type their children had experienced. Information on two factors was requested: firstly, the age at which a child had first been separated from his parents for a period of time over four weeks and secondly, the number of times

Table 4:45 Age of child at first separation (over four weeks) from mother with return from care - children, interview sample 142

	Children returned		Children in care	
	No.	%	No.	%
Under five years	28	41.8	57	76.0
Over five years	39	58.2	18	24.0
Totals	67	100	75	100

$$\chi^2 = 25.26 \quad \text{d.f.} = 1 \quad P = < 0.001$$

separations had occurred. It was difficult for some parents to remember exactly how many separations had taken place so, to avoid inaccuracies, an either/or distinction was drawn between children who had not been separated from their mothers and those who had experienced one or more separations of at least four weeks duration. Table 4:45 shows the relationship between the age of children at first separation from their mothers and return from care.⁵⁸ It should be noted that the length of separation was a minimum of four weeks and in some cases included the present reception into care.

As Table 4:45 shows, on a return/non-return dichotomy, there was a clear distinction between the under five and over five age groups ($\chi^2 = 25.26 \quad \text{d.f.} = 1 \quad P = < 0.001$). 76% of the under fives who have remained in care had been separated from their parents for a period of not less than four weeks prior to their reception into care. By contrast, only 41.8% of the return sample had been separated from their mothers while under the age of five, representing a difference between the two groups of over 25%.

Table 4:46 Number of previous separations (over four weeks) before present reception into care with return - children interview sample 142

	Children returned		Children in care	
	No.	%	No.	%
Child separated at least once previously	4	6.0	15	20.0
Reception into care is first separation	63	94.0	60	80.0
Totals	67	100	75	100

$$\chi^2 = 3.31 \text{ d.f.} = 1 \text{ } P = < 0.10 \text{ not significant}$$

The significance of the number of separations as a predictive factor in relation to return was also examined. As Table 4:46 shows, only four out of the one hundred and forty-two children had experienced any separation of four weeks prior to the present reception into care. Although there were 14% more of these children in the in care sample, differences were not quite enough to be statistically significant.

To conclude: there was no significance in the number of times a child had been previously separated from his parents before reception into care but the age at which the child was first separated from his mother was a significant factor in influencing the length of time he stayed in care. Although the small sample must be borne in mind, it is possible to speculate that the point at which separation of a fairly substantial duration severs the developing relationship between mother and child is significant in influencing the length of children's future separations. Where the relationship between parent and child has been allowed to

develop along normal lines until the child is of school age, the filial bond may be sufficiently strong to provide a motivating factor which helps parent and child towards reunion.

Legal status of child

Previous British research findings indicated that illegitimate children as a group may be over-represented in the number of children in care. (Gray and Parr 1957, 35%,⁵⁹ Wimperis 1960, 33%,⁶⁰ Rowe and Lambert 1973, 45%,⁶¹ and Walton and Heywood 1971, 33%.⁶²) The argument that illegitimate children experience social disadvantages which make them particularly vulnerable to long term care has been convincingly put forward by Kellmer-Pringle (1971)⁶³. The lack of accommodation and financial wherewithall may be particularly influential in forcing single mothers to seek alternative care for their children. In this study 26.0% of the children were known to be illegitimate. This is a low percentage in comparison to other studies but does bear a resemblance to Packman's 1968 finding of 28% illegitimate children admitted to long term care.⁶⁴ The differences from the other research findings may be accounted for by the fact that this study does not represent a full cross-section of children in care as it excludes categories where parents had asked for adoption at any stage and with the exception of a minority of neglect cases, children who had been admitted through the courts.

The influence of children's legal status on return - total sample

Comparing the legal status of children on a return/non-return dichotomy, it can be seen from Table 4:47 that the illegitimate children in the total sample were severely disadvantaged in that only

Table 4:47 Legal status of children at reception into care with return from care - children, total sample 445 (439)

	Children returned		Children in care	
	No.	%	No.	%
Legitimate	152	93.3	171	61.9
Illegitimate	11	6.7	105	38.1
Totals	163	100	276	100

Not known 6

$$\chi^2 = 51.75 \text{ d.f.} = 1 \text{ } P = < 0.001$$

eleven out of one hundred and sixteen had returned home. In other words, they accounted for 38.1% of the children in care, but only 6.7% of those who had returned home.

Furthermore, as Table 4:48 shows, the illegitimate children were disadvantaged from an early age; 65.5% of all illegitimate children had been received into care under the age of two. Of those who remained in care 68.5% had been admitted under the age of two, and over half of these (forty-eight out of seventy-two) had been under one year old. By contrast, the legitimate children came

Table 4:48 Legal status of children with age of children at reception into care - children, total sample 439*

a) Children returned 163					b) Children in care 276				
	Legitimate		Illegitimate			Legitimate		Illegitimate	
	No.	%	No.	%		No.	%	No.	%
Under two years	21	13.8	4	36.4	Under two years	41	23.9	72	68.5
Over two years	131	86.2	7	63.6	Over two years	130	76.1	33	31.5
Totals	152	100	11	100		171	100	105	100

* Not known excluded 6

into care at a much older age. Only 13.3% had been received into care when they were under two years old. This would suggest that illegitimate children are particularly vulnerable to long term care when admitted as infants, a finding which may be linked to parent-based factors. It will be remembered that many of the young single mothers in the study were unable to find accommodation or adequate financial support for their infants. This was not the only reasons why illegitimate children came into care. Although it accounted for 31% of illegitimate children, 24.3% were received into care following their mother's desertion and 17.1% were there because their mother's illness necessitated admission to hospital (table not shown). In these cases the illegitimate children shared in common the problems faced by other one parent families in the study; their mother's absence had been a major factor in bringing them into care.

Apart from being younger than legitimate children at admission to care, the illegitimate children in long term care in the study were more frequently admitted to care alone. One third of the illegitimate children were 'only' children, compared with 5.9% of the legitimate group (table not shown).

Legal status of children - interview sample

As Table 4:49 shows, illegitimate children were under-represented in the interview sample accounting for 19.7% of cases. Contrary to expectation, although there was a higher proportion of children in the return group in the interview sample, no more illegitimate children returned home. (7.5% compared with 7% of the total sample). On a return/non-return dichotomy, differences

Table 4:49 Legal status of children at reception into care with return from care - children, interview sample 142

	Children returned		Children in care	
	No.	%	No.	%
Legitimate	62	92.5	52	69.3
Illegitimate	5	7.5	23	30.7
Totals	67	100	75	100

$$\chi^2 = 28.39 \text{ d.f.} = 1 \text{ } P = < 0.001$$

between those who had remained in care and those who returned home was still very significant ($\chi^2 = 28.39 \text{ d.f.} = 1 \text{ } P = < 0.001$).

The relationship between illegitimacy and age at reception into care was repeated with 48.7% of the illegitimate children in care group having been admitted under the age of two (and six out of this eleven at under one year old) compared with 14.5% of the legitimate group. In all, only five illegitimate children returned home, all of whom had been aged between five and ten years at reception into care.

Table 4:50 Age of child at reception into care with legal status - children, interview sample 142

a) Children returned 67					b) Children in care 75				
	Legitimate		Illegitimate			Legitimate		Illegitimate	
	No.	%	No.	%		No.	%	No.	%
Under two years	9	14.5	-	-	Under two years	10	19.2	11	48.7
Over two years	53	85.5	5	10.0	Over two years	42	80.8	12	51.3
Totals	62	100	5	100		52	100	23	100

The 'only' children were well represented in the group of illegitimate children who remained in care, whereas all five of the children who returned home had been received into care from a larger family.

The reasons necessitating care for the illegitimate children in the interview sample reflected the patterns of the total sample. Although there was a high percentage who had remained in care because their single mothers were unable to provide for them, even more had been separated because of their mother's absence through illness, death or desertion. On the whole, the illegitimate children of separated mothers fared better in the interview sample than in the total sample. None of these children had remained in care. Two had been received into care because of their mother's illness, while the remaining three children had been admitted to care because of homelessness (two families), and neglect (one family).

The findings from both the total and interview samples suggest that illegitimate children are particularly vulnerable to long term care; they tended to come into care alone and at an early age. The infant children of single mothers who were unable to find accommodation were particularly at risk, but other illegitimate children shared in common the problems faced by all one parent families in the study. In these cases the absence of mother through illness, death or desertion was an important predictive factor in indicating for long term care.

The influence of the size of family at reception into care on return

Research evidence indicates that the size of a child's family

may influence reception into care in two ways. Firstly, very large families play a dominant part in all the children who come into care (Packman 1968⁶⁵, Mapstone 1969⁶⁶). Holman (1973) has attempted to explore this further. He believes that 'a whole complex of factors are involved here. It is not just that the parents of large families necessarily care less for their children, but rather that they will lack the resources in terms of accommodation, money to buy day care, and so on, which is more available to the smaller family, and which helps prevent reception into care.'⁶⁷ Although the very large family may be very vulnerable to temporary crisis, it is suggested that the children who remain in long term care tend to come from smaller families where often they are the only child in the family (Packman 1968)⁶⁸. The average size of families in this study was 3.4 in the total sample and 4.0 in the interview sample. This was higher than the normal average of 2.12⁶⁹.

The influence of family size on return - total sample

When the size of families in the study were compared on a return/non-return dichotomy, it can be seen from Table 4:51 that there was a very significant difference between the in care and return groups. ($\chi^2 = 36.96$ d.f. = 3 $P = < 0.001$)

Although the overall representation of children from very large families meant that they were well represented in both the return and the in care groups, it can be seen that there were substantially less of these families in the in care group (45% compared with 61.4% in the return group). There was a corresponding decline in the number of 'only' children in the return group, account-

Table 4:51 Number of siblings in family at reception into care with return from care - children, total sample 445

	Children returned		Children in care	
	No.	%	No.	%
Only child	4	2.5	47	16.7
Two sibling family	19	11.7	46	16.3
Three sibling family	21	19.0	60	20.3
Four or more sibling family	109	61.4	129	45.0
Totals	163	100	282	100

$$\chi^2 = 36.96 \quad \text{d.f.} = 3 \quad P = < 0.001$$

ing for 2.5% compared with 16.7% in the in care group.

The influence of family size at reception into care on return - interview sample

Table 4:52 shows that the pattern of the total sample was repeated in the interview sample. Nearly twice as many large families were in the return group (70.2% compared with 36% in the in care group). No 'only' children were in the return group but 6.7% were represented in the in care group. ($\chi^2 = 25.83 \quad \text{d.f.} = 3 \quad P = < 0.001$)

The findings of the study reinforce those of others. Large families were over-represented, accounting for over half the total number of children in the study. Although many of these children remained in care, there was a far larger proportion of 'only' children in the in care group than in the return group. Many of these were the children of the young single mothers whose accommodation and financial problems had caused the child's admission to care. In the large families, reason for care again influenced return, with many in the return group coming from families who had been evicted by contrast with those in the in care group who

Table 4:52 Number of siblings in family at reception into care with return from care - children interview sample 142

	Children returned		Children in care	
	No.	%	No.	%
Only child	-	-	5	6.7
Two sibling family	10	14.9	10	13.3
Three sibling family	10	14.9	33	44.0
Four or more sibling family	47	70.2	27	36.0
Totals	67	100	75	100

$$\chi^2 = 25.83 \text{ d.f.} = 3 \text{ } P = < 0.001$$

represented more diverse reasons, including desertion and the long term illness of parents.

Reason alone however, might not have been the only factor which contributed to return. The relationship between the children in care and the rest of the family might also have been of significance. 88.4% of the total sample and 96.5% of the interview sample came from families of two or more siblings. Some of these had been received into care in a cohort with all their siblings, others with one or more and the rest alone.

The influence of the situation of siblings at reception into care on return from care - total sample

Table 4:53 shows that on a return/non-return dichotomy, there was a very significant difference between the sibling situations in the in care and the return groups ($\chi^2 = 45.99 \text{ d.f.} = 3$ $P = < 0.001$ - only children included)

It can be seen from Table 4:53 that by far the greater proportion of the total sample had been admitted to care with all their siblings, but, although these children made up the highest

Table 4:53 Situation of siblings at reception into care with return from care - children, total sample 445

	Children returned		Children in care	
	No.	%	No.	%
Only child	4	2.5	47	16.7
Child only received into care - siblings elsewhere	10	6.1	50	17.7
Sibling cohort received into care	112	68.7	114	40.4
Child + one or more but not all siblings received into care	39	22.7	71	25.2
Totals	163	100	282	100

$$\chi^2 = 45.99 \text{ d.f.} = 3 \text{ P} = < 0.001$$

proportion of the return group (68.7%) they accounted for only 40.4% of the in care group.

By contrast, the children from sibling families who had been received into care alone tended to remain there, with 17.7% in the in care group, compared with 6.1% in the return group. There was no substantial difference in outcome for children who had been received into care with one or more siblings.

The influence of the situation of siblings at reception into care on return from care - interview sample

The interview sample reflected, to some extent, the pattern of the total sample, but the differences between the groups were not significant. 74.6% of the return group had been received into care with all their siblings compared with just over half, 56%, in the in care group. No 'only' children returned home in the interview sample and only one child out of nine who had been admitted alone returned home. There were almost identical percentages of children in care and who had returned home who had been admitted with one

Table 4+5¹ Situation of siblings at reception into care with return from care - children, interview sample 142

	Children returned		Children in care	
	No.	%	No.	%
Only child	-	-	5	6.7
Child only received into care - siblings elsewhere	1	1.5	9	12.0
Sibling cohort received into care	50	74.6	42	56.0
Child + one or more but not all siblings received into care	16	23.9	19	25.3
Totals	67	100	75	100

$$\chi^2 = 5.35 \text{ d.f.} = 3 \text{ } P = < 0.50 \text{ not significant}$$

or more siblings (25.3% in care and 23.9% return.)

From these findings, it can be seen that the 'only' children were clearly most disadvantaged for the reasons already discussed.⁷⁰

The most advantaged children were those who were received into care as a sibling cohort. The most disadvantaged families were those where one child had been admitted to care from a family of several. This contrasts with the children who had been received into care with some of their siblings while others had remained at home who seemed to have an equal chance of staying in care or being reunited with the rest of the family.

There were several factors which seemed to contribute to the advantage of the sibling cohort. The first was that children who had been received into care without any or with only some of their siblings were more often in the younger age range. All who had been 'only' children and remained in care were under five at admission to care and over a third of those who had been received

into care with one or more siblings also came into this more vulnerable age group.⁷¹

There are other reasons which seem to be related to family relationships. When children are admitted to care inevitably separation alters the relationship between children and their parents and siblings. The ability of families to reinstate absent members may depend on several factors, one of which may be the degree of rejection a child experiences by being received into care. Another reason may be the family's ability to retain a sense of cohesion.

One way of examining parental rejection was to ask parents in the interview sample about their relationships with their children. Where children had been received into care alone parents were asked if the general behaviour of this child was better, worse or similar to their other children. They were also asked whether this child showed more, less or same sort of affection towards parents. These questions were obviously only a very crude measure of relationships but did give some indication of parents' feelings towards their children. There were in fact nine children in the interview sample who had been received into care alone of which only one had returned home. In four of these cases, parents said that the child concerned was much more difficult to deal with than his siblings and three out of these four said that in comparison to other children this child was less demonstrative in his affections. There was no evidence of any difficulties in the other five families. In three cases, parents said that the general behaviour of the child was very similar to that of his siblings and in two cases commented that it was better. In one case the

child was said to show more affection towards his parents than the other children and in the remaining four cases he showed the same affection. It was of interest that three of these children were under the age of five. Parents commented that, while relatives had been willing to undertake the care of older children, they had not felt able to meet the demands of the toddlers.

Because of the small numbers, these findings can only be observations but they do give indications that, in some cases, one child in the family may be singled out for rejection but in others, the child's age may be the significant factor in influencing his reception into care.

Where children had been received into care in the interview sample with one or more siblings, different factors seemed to operate. In these cases, slightly more children returned home, 64%, compared with 51% who remained in care. Once again numbers are too small to be anything more than observations. The comments of parents did suggest however, that keeping part of the family intact was an incentive to rehabilitate the rest. The comments of a mother who headed a one parent family following her husband's desertion illustrate this point.

They two (indicating the children at home) kept asking when the bairns were coming back. Every time we went to see them we greeted all the way back. I was awfully worried they would grow away from me so I went to Miss McCleod and asked for them back. I shouldn't have done really because the doctor said I wasna' fit but I felt I had to do the best by the bairns after my man had went.

This separated mother, like others who were interviewed, seemed strongly motivated to keep her family together. There were

others who expressed similar feelings and even though they were not able to ensure the return of their children as a cohort, gradually rehabilitated them one by one.

The contra-indication of this pattern appeared in the families in the interview sample who were unable to maintain a sense of cohesion. This was shown in two ways. Firstly, if children had been admitted to care alone or with some siblings, and were then followed by others until eventually the total sibling cohort was in care, their chances of returning home were greatly diminished. This happened in the cases of 15.3% of children in the interview sample, all of whom remained in care.

Secondly, if the children in the study were not the first children in the family to be received into care, irrespective of whether these older siblings had been returned home, then the chances of return for the study children were also diminished. In twenty-five cases in the interview sample, siblings had been received into care prior to the admission of the study children and in eighteen of these, children remained in care (24% of the in care sample) but in only seven cases (10.4% of the return sample) did they return home.

The last way of measuring family cohesion was shown by the discharge patterns of children in the interview samples. It can be seen from Table 4:55 that 58.2% of children returned to their parents with all their siblings who had been in care with them. 34.3% returned alone or with one or more siblings where the rest had been at home. Only 1.5% returned home, leaving the rest of their siblings in care. One mother, whose six children had been

Table 4:55 Pattern of discharge of the study children and their siblings - children interview sample 67

	No.	%
Discharged with rest of sibling cohort	39	58.2
Discharged with one or more siblings/ others in care	1	1.5
Discharged with one or more siblings/ others at home	23	34.3
Discharged alone/others at home	4	6.0
Totals	67	100

returned in groups of two commented how important she felt it had been to rehabilitate her children gradually, at the same time retaining a sense of family cohesion. She described the rehabilitation as follows:

If I'd taken one back the others would have felt awfully bad as though I didn't want them any more. Taking them two at a time gave me the chance to get my home together but also let the bairns know they were all wanted back. I told them that the eldest ones would come first to help me set up home and that's how it was.

Looking at the effect of sibling situations at reception into care, several points can be concluded.

Firstly, only children in the study were very vulnerable to long term care. Secondly, where a child was received into care alone, leaving the rest of his siblings at home, the length of his separation from his parents depended on the reasons he had been received into care. A minority of children in this category had obviously been rejected by their parents but others, particularly those in the younger age group had been selected for care because they presented more difficult temporary child care problems than

their older siblings. In these cases, the relief afforded the family by the provision of care for one child enabled parents and relatives to share the task of caring for the rest. This factor also applied in cases where some children had been received into care but others had remained with their nuclear or extended families. If a family was known to have a previous history of children in care, or it gradually lost children into care, then it seemed there were less chances of reunion. Although the relationship between individual parent and child played some part in facilitating rehabilitation, if a family had the ability to maintain some long term cohesion, desired to regain the identity it had held before children were received into care and had the flexibility to reinstate absent members, these seemed to be the more dominant factors in deciding for return from care.

Summary and conclusions

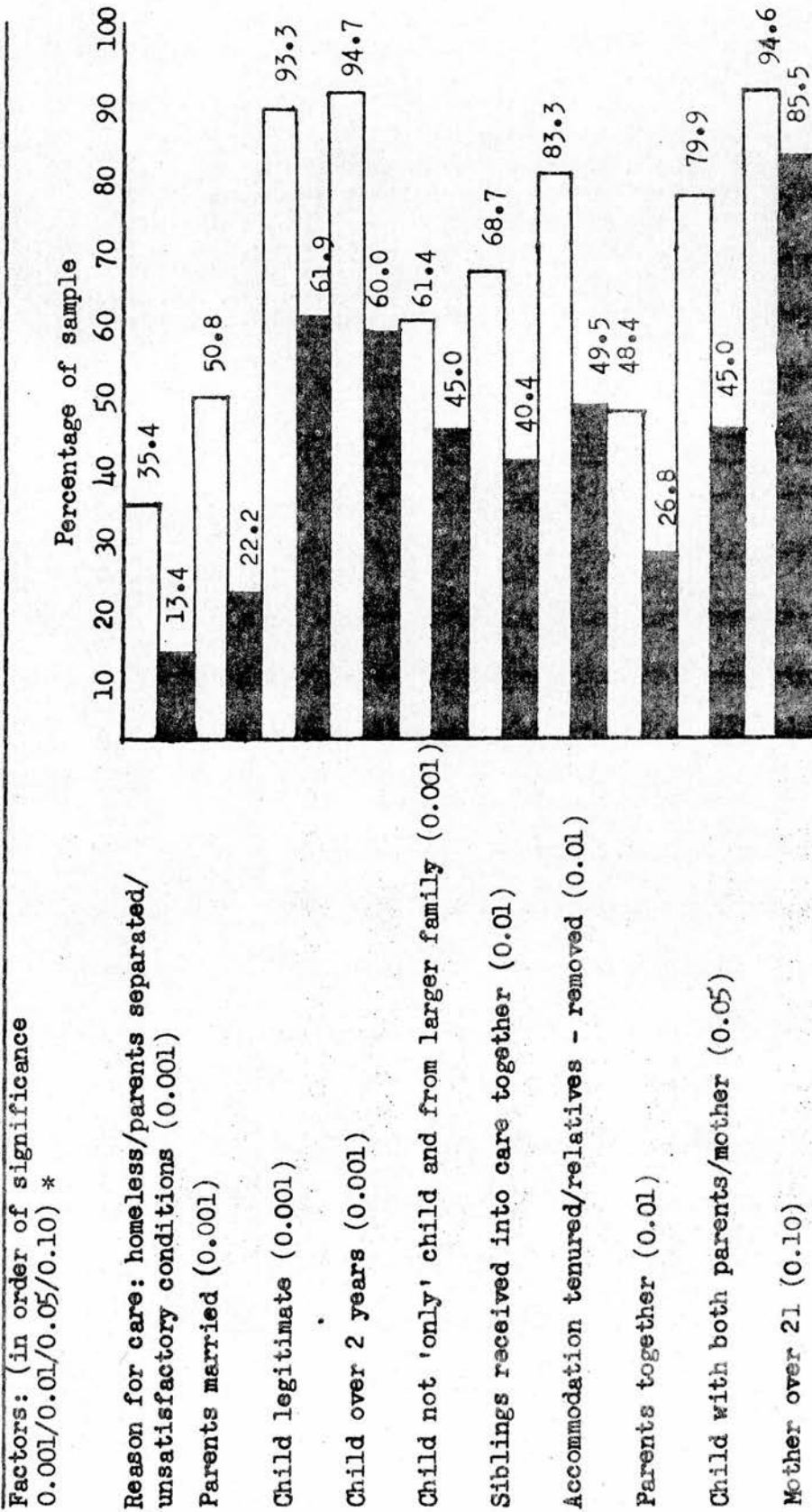
In general, the findings of this chapter suggest that many of the study families, both in the total and in the interview sample, were living in deprived socio-economic circumstances. Irrespective of whether children had returned home or remained in care many of the study families were distinguished by their poverty. It is significant that income did not influence children's return. Over two-thirds of the families in both the total sample and the interview sample were supported by wage earners at reception into care but over 75% of this group held occupations in Social Classes IV and V. Furthermore, in the interview sample, over 85% of families were earning well below the national average. Although financial hardship was a significant contributory reason for

children's admission to care, it was of interest that the level of income had no significant effect on the return of children from care. This general picture of poverty among the study families is consistent with the national picture of poverty. Carmichael (1974) for example, has suggested that 'in the industrial belt of Scotland at least - the problem of poverty is very serious. In England, the poverty level among working families has been assessed at one in eleven of the population, but in Scotland at one in four... This is the nub of the problem: shortage of income'.⁷²

Material poverty itself therefore, could not be assessed as a factor which influenced the return of children from care but had to be considered in conjunction with other factors. There were ten other major factors in the total sample, which distinguished the families of children who returned home from those whose children remained in care. These are presented in the order of levels of significance in the form of a histogram in Table 4:56.

To some extent the interview sample of sixty-two families reflected the trends of the total sample, but differences between the in care and return groups did not present the same level of significance in many cases, mainly because of the over-representation of two parent families in this sample. The influence of the ten factors in the total sample have been repeated in the interview sample in the same order to facilitate comparison with the addition of an extra factor relating to children's first separation from their mothers, for which information was available only from the interview sample. The differences are summarized in the form

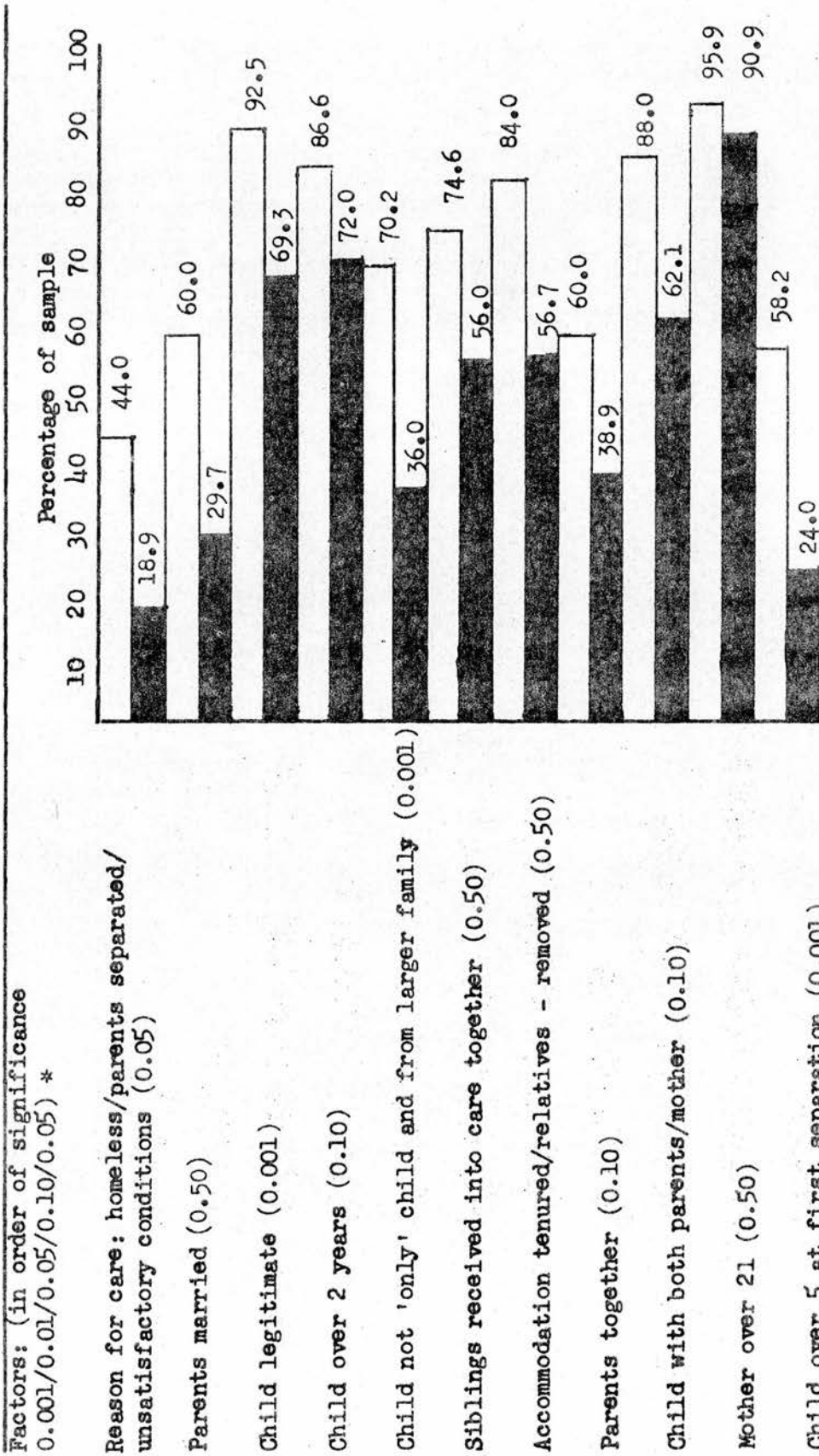
Table 4:56 Socio-economic circumstances of families indicating for return from care - total sample 222



Key: Children returned
 Children in care

*level of significance on return/non return dichotomy

Table 4:57 Socio-economic circumstances of families indicating for return from care - interview sample 62



Key: Children returned
 Children in care

* Level of significance on return/non return dichotomy

of a second histogram shown in Table 4:57.

One major difference which distinguished the in care group from the return group was the reason for children's admission into care. In both the total and the interview sample reasons most likely to promote return were homelessness, temporary separation from mothers following marital breakdown and unsatisfactory home conditions. By contrast, children were most likely to remain in care where their mothers were in desertion, where they were the illegitimate children of single mothers, or where their parents were suffering from long term psychiatric illness.

The problems of the return group seemed more environmental, caused by financial difficulties or a change in parental status, which demanded a temporary period of readjustment. It was therefore not surprising that children's chances of return were most favourable where the parents were married to each other and were living together. It is germane to note that, where parents were apart, provided the mother was present, had been married to the children's father and could find accommodation, children's stay in care could also be fairly short term, a finding which emphasises the outstanding importance of the presence of the mother as a factor indicating for return. A further important characteristic of both one or two parent families in the return group was that families were older. This had two consequences: families had been able to establish themselves in more permanent accommodation and children were older, so there had been more opportunity for emotional bonding between parent and child. Once again, the

relationship between mothers and children was of importance. Children who had experienced any substantial separation from their mothers at an early age seemed more vulnerable to long term care.

The importance of the family relationships in conjunction with type of problem which led to reception into care was shown by the fact that, although large families (with more than four siblings) were over-represented throughout the study, proportionally, there were far more of these children in the return group than the in care group. The larger family may well be more vulnerable to a temporary breakdown in child care support in times of crisis, but where problems can be resolved and where a sense of family cohesion is retained, the size of family alone does not necessarily debar children from returning home. This was further illustrated by the fact that many of the children in very long term care were 'only' children or those who had been admitted alone from a family of several. Some children in this latter group were the younger members of the family whose child care presented more problems, but others seemed to have been singled out for rejection by their families. For the most part, the 'only' children who had been admitted to care represented the extremely vulnerable group of illegitimate infants, whose age on admission tends to support the influence of family bonding. Although the mothers of these infants had no wish to place them for adoption, their attempts to establish themselves in a one parent family were frustrated by lack of accommodation, from the private or public sector or from their relatives. Once children were in care, family breakdown tended to be permanent.

The support of relatives in the study was of interest. In some cases, parents' sense of failure prevented them from approaching relatives for help. In others, relatives themselves had been living in dwellings which were too overcrowded to offer accommodation to other members of the extended family. Finally, several families were living away from their area of origin. Where relatives did offer support, this was noticeably more frequent in the return group than in the in care group and was characterized by its temporary nature.

It was of considerable interest that, although many of the study families had changed their dwellings between the time of reception into care and the time of the study, changes in themselves were not a deterrent to return. What was of far more significance was the nature of the change which had taken place. Where parents had used the temporary support of their relatives to find other more permanent accommodation, this indicated strongly for return from care, but where parents had remained with relatives or had moved away from the study area to establish new families elsewhere, this indicated against return.

To summarise: these findings confirm those from other studies, particularly from Gray and Parr (1957),⁷³ Packman (1968),⁷⁴ Mapstone (1969)⁷⁵ and Walton and Heywood (1971).⁷⁶ The families of children who come into care are characterized by several factors: their poverty, their large size, their occupation of a greater proportion of substandard dwellings and their overrepresentation of one parent and in particular, single parent families. Above all, children who remain in long term care are

characterized by the severity of the problem which brought them into care. The young children of one parent or very young parents who have not had the opportunity either to build up economic security or find suitable accommodation seem particularly at risk, as are those where the mother is absent, either through desertion or long term illness. A final factor which may be of considerable importance is the family's desire and ability to view itself as a cohesive unit whose completeness depends on the inclusion of absent children. Families who have established this type of identity before reception into care may be those who are most strongly motivated to seek reunion.

To conclude: the findings of this chapter tend to support the view of Kahn (1962), who believes that 'while we do not separate children from poverty-stricken parents as a matter of public policy, we do tolerate a predictable chain of events which have this inevitable consequence'.⁷⁷ Townsend (1974)⁷⁸ is of the opinion that this chain is set in motion by the provision of piecemeal services which are an inexpensive substitute to structural changes in society. Mandell (1973) argues that this chain of events will continue until 'radical changes in existence economic arrangements are brought about'. In her view 'the elimination of poverty requires large scale redistribution of income and changes in property relations between the haves and have nots and have littles'.⁷⁹ In the unlikely event of this type of change occurring in the immediate future, George (1970)⁸⁰ believes that more adequate provision of services such as housing, income maintenance, health education and employment opportunities would do much

to reduce the number of children in substitute care. To this suggestion Holman (1973)⁸¹ would add a greater provision of community based auxiliary services including flexible day care and peripatetic foster parents.

There are three main ways in which the study children's reception into care might have been prevented. Firstly, an increase in income for the study families would have been helpful. It would be of interest to see what impact the recently introduced Family Income Supplement might make to the numbers of children coming into care. Secondly, the provision of substantial and flexible day care or home-based foster care might have prevented the break-up of some of the one parent families or those where admission to care was caused by the absence of the principal childcaring person through illness. Thirdly, a more rational house letting policy, whereby more consideration was given to the consequences of eviction for families on low income and where more priority was given to single mothers and their infant children might have contributed substantially to any preventive programme.

Chapter 5

The experience of reception into care for natural parents and caretakers

Introduction

Although it is inevitable that some children who are the casualties of sudden disaster within a family may need to be admitted to care in an emergency, such admissions are generally thought to be undesirable.¹ Wherever possible, each application for care should be investigated fully, firstly, in order to establish whether or not the child should be admitted and secondly to give time to consider the factors which would be relevant in arranging the placement. Involving natural parents in an application for care is important since in Jehu's opinion (1963)'not only do the parents know better than anyone else the real facts of the situation and how they feel about them, but also the parents' full consideration and appreciation of these facts and feelings may lead them to quite a different view of what should be done.'²

Once it has been decided that an application for care should be made, writers urge strongly that the time before reception into care should be used to assess families' needs and plan for the duration of the placement. Jehu (1963)³ suggests that it is of paramount importance to make a realistic long term plan for the child's care away from home at the earliest possible moment. Kline and Overstreet (1972)⁴ endorse this view, suggesting that a pre-placement diagnostic study should be made so that the duration of the placement can be predicted, along with the family's potential for rehabilitation and the determination of services which they may need to bring this about.

Adequate information is vital for, as Brill (1965) comments, in

order 'to formulate the plans for a child who has met with some family disaster, the snapshot of the moment is insufficient.'⁵

Information about the child enables the social worker to find the most appropriate placement for him and to prepare the caretakers for their child caring tasks. Expediency may dictate that a less than ideal placement is found, but the social worker should at least take into account the age and stage of development of each child and his relationship with his parents. It may be best to place a child in a foster home which is as near to his own home as possible (Balls 1958).⁶ In other cases, as Kastell (1962)⁷ has pointed out, a foster home may reinforce the child's feelings that by letting him be received into care his parents have failed him. Above all, as Dyson (1962) recommends, the placement should be made, bearing in mind 'the child must not be made to feel ashamed of his parents.'⁸

Involving the parents before the placement enables contact between the child and his parents to be planned and structured. If contact between parent and child does lapse at a later stage, detailed information on a child's family recorded at reception into care ensures that a child will retain some links with his life prior to reception into care. Without this information, if the placement turns from a short term one into a long term one, as Pugh (1968) has pointed out, children may not only lose contact with their natural parents, but also with 'the whole range of relatives, friends, teachers, acquaintances who have been the framework of their existence.'⁹

The loss of contact between parents and children in care has been attributed to several factors, not least among them the experience of reception into care.¹⁰ For some families, reception into care may bring a welcome relief from continued stress, but for the

majority, the event may evoke strong feelings of failure. Society places tremendous weight on successful child rearing with the result that 'stigma attaches therefore to the parent who does not fulfill society's expectations; the parent of a child in public care may be seen as a "poor or failed" parent' (DHSS 1976).¹¹ In Stevenson's opinion (1968) even 'perfectly normal parents'¹² will experience this sense of failure since others in similar situations have managed to contain a family crisis within their own ranks.

In an attempt to combat their feelings of failure, parents may mobilise defenses 'often in a self defeating or frustrating manner.'¹³ According to Kastell, (1962) social workers may be faced with confused emotions of 'anger, apparent lack of concern or hostility.'¹⁴ Though work with parents may be difficult, Stevenson (1968)¹⁵ believes 'the social worker has to see through this smoke-screen and must not be blinded by trying and disillusioning experiences from recognising that, in the majority of cases, parents do care.' Charnley (1955) suggests that the reactions of some parents who have been limited by their own experiences of deprivation may be particularly hard to accept but 'these love-starved parents on caseloads are as entitled to as much compassion as their love-starved children.'¹⁶ Hutchinson (1971) warns that no longer is the social worker in danger of rescuing children from their parents in these cases but of 'stealing parents from their children.'¹⁷

Involving the parents in the placement plans from the outset is important for restoration of self esteem and may be a vital part of the rehabilitation process itself. Pugh (1968) suggests that 'the investigation of an application for care lays the foundation of the department's future relationship with the parents,'¹⁸

while Kline and Overstreet (1972) are convinced that the working alliance established at this point 'may become one of the ultimate determining factors in the outcome of the service.'¹⁹ It is suggested by Mapstone (1971) that not every parent will feel able to participate to the maximum in the preplacement plans, but the social worker must try to give the parents 'a sense of participation in planning for their child, a feeling that their position as the most important people in the child's life is recognised and will continue to be valued and respected.'²⁰ This participation may take the form of sharing of knowledge, (Rosenblatt and Mayer 1970)²¹ and may include visits to the placement. Such meetings, it is argued, will reassure the parent that caretakers have no intention of stealing their children's affections. If parents are denied involvement at reception into care, Mapstone (1971) believes they may respond 'by leaving the child to the powerful authority figures, seeing no part they can play in their children's lives, or they may adopt a negative attitude to all plans made and create a maximum of difficulty for houseparents and foster parents.'²²

Moss (1968) advocates involvement of all the family at this stage for another reason, namely, 'a child's pathology cannot be separated from that of his parents.'²³ The restoration of parental self-esteem is a desirable goal for parents but Littner (1965) believes it is also necessary to help the child feel that he has his parents' psychological permission to separate from them.²⁴

Although Stevenson (1968) urges social workers to remember that 'there is no such thing as a typical child',²⁵ it is possible to make some generalisations and accept Parfitt's view (1967) that, on separation from their parents, most children will experience to

some degree emotions like grief, fear, anger, depression, anxiety, make-believe and compliance.²⁶ Furthermore, as Littner (1965) suggests, children will go through the process of 'feelings of loss and abandonment, followed by anger towards parents, self-blame and fear of punishment.'²⁷ Careful explanation and preparation of a child for his placement may do a lot to help his separation anxiety since 'a child is least harmed when he is least surprised.'²⁸

Expression of emotions at this time is a very important part of the work with both parents and children. Moss (1968) clarifies the process:

The worker enables the members of the family to understand and work through their anxieties about the separation. He helps them to evoke and affirm their feelings of grief and loss. He encourages the child and each member of the family as a whole to express their feelings so that each may know the feelings of the other and feel understood by the other. This process helps to prepare both the family and the child to use the placement as an opportunity for growth.²⁹

Indeed it is possible to conclude that pre-placement activity is an extremely important part of the caring process and to concur with Glickman (1957) that 'to prepare parent and child for their separation is not only a humane procedure but is also a sound one.'³⁰

This chapter aims to identify and evaluate the involvement of natural parents in the caring process prior to and at reception into care. The involvement of the study parents is traced from the point of referral to the study Social Work Departments to the day their children were received into care. The use of pre-placement diagnostic studies, including meetings between natural families and caretakers is considered. An attempt is made to see whether parental involvement at this time influenced rehabilitation and finally, the theoretical assumptions of the value of such

involvement are compared with those given by the study parents and caretakers.

Measuring parental contact.

In this chapter pre-placement work was measured in three different ways. Firstly, where comparisons were made of referral processes and social work involvement with families before reception into care, samples were selected in the same way as the previous chapter with one variable ascribed to each family in the study plus an extra variable where children from the same families had been received into care in different circumstances or where some children in a family were still in care while others had returned home. This brought the total sample to two hundred and twenty two cases and the interview sample to sixty two cases. Both sets of comparisons were used in this chapter where information was available from social work files and from parents who had been interviewed.

The second way in which parental involvement was measured was by investigating the attitudes of parents at the time of reception into care. In order to maximise the attitudinal information available from parents interviewed, there was a departure from the practice of ascribing one reason to one family and, where both parents had been interviewed, then each parent was ascribed one reason. Where children had been received into care in different circumstances, or where some children were in care and others had returned home, each family was ascribed an extra reason for care. There were forty-eight families in the study where only one parent was interviewed but there were an extra six where both parents were interviewed. Furthermore, it will be remembered that there were an additional six families in the interview sample where children had been received

into care in different circumstances. None of the families where both parents were interviewed had children in this situation. Adding all the variables together, the total interview sample for attitudinal answers came to sixty-eight.

The third way in which parental involvement was measured was by looking at the preparation for care. This necessarily involved the views of caretakers in the study. In this case, each caretaker family in the study was ascribed one variable plus an extra one for cases where children had been received into care or discharged in different circumstances plus extra variables where several children from one family were in different placements.³¹ Where all the children in one family had been received into care in identical circumstances at the same time and were in the same placement, the caretakers views were ascribed one variable only. Where three children had been received into care and placed in three different homes, the views of each caretaker was counted. Unfortunately, the caretakers in the study did not represent all the total sample of families, but were sufficiently large to give a fairly good representation. In all, there were one hundred and eighty-nine different views of caretakers on the families of children in their care. These were called the total placement sample. In order to compare the views of caretakers and natural parents, this sample was further reduced by selecting only those cases where the caretakers and the parents had been interviewed. This came to a total of seventy families and was called the placement interview sample.

Asking for help.

Parental involvement in the caring process began in the study at the point where parents approached the Social Work Department for

help, irrespective of whether plans for reception into care had been formulated at this point in time. It was thought that the involvement of parents at this stage might be a significant pointer towards rehabilitation. Where parents had referred themselves for help, it could be argued that they might have had a clearer plan for the duration of a child's stay in care than where referral had been made through another agency. As tables 5:1 and 5:2 show, in

Table 5:1 Manner of family's referral to Social Work Department with return from care - total sample 222

	Children returned		Children in care	
	No.	%	No.	%
Mother	17	26.2	36	22.9
Father	12	18.5	32	20.4
Both parents	6	9.2	4	2.5
RSSPCC	7	10.8	17	10.8
Police	5	7.7	11	7.0
Other agency (MSW,GP,DHSS)	11	16.9	31	19.7
Neighbours/relatives	7	10.8	24	15.3
Not known	-	-	2	1.3
Totals	65	100	157	100

$$\chi^2 = 7.98 \quad \text{d.f.} = 11 \quad P = 0.90 \text{ not significant}$$

the total sample and in the interview sample, there was no significant relationship between the manner of referral and the return of children from care. In the total sample, there were almost identical percentages of families who had referred themselves in the in care and return groups, (44.6% and 44.7%) In the interview sample, while slightly more families in the return group had referred themselves than in the in care group (64% compared with 56.7%), differences were not enough to be statistically significant. A variety of

Table 5:2 Manner of family's referral to Social Work Department with return from care - interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
Mother	8	32.0	10	27.0
Father	5	20.0	10	27.0
Both parents	3	12.0	1	2.7
RSSPCC	2	8.0	7	18.9
Police	1	4.0	2	8.4
Other agency	4	16.0	7	18.9
Neighbours/relatives	2	8.0	-	-
Totals	25	100	37	100

$\chi^2 = 9.36$ d.f. = 10 $P = < 0.50$ not significant

agencies had been involved in the referral of families to the Social Work Departments. They included the RSSPCC, medical social workers, general practitioners and clergy.

The influence of reason for care on manner of referral.

Although there was no significant relationship between the source of referral and the return of children from care, referral was related to reasons for care as Tables 5:3 and 5:4 show.

In the total sample, in the majority of cases where both parents referred themselves to Social Work Departments, the reason for care was eviction (80%), with the remaining cases being those where one parent was facing a hospital admission and where there were unsatisfactory home conditions. Where mothers were the source of referral, 32.1% of cases reason for care was homelessness, and in 17% of cases derived from the problems of single parenthood. The third most prevalent reason why mothers referred themselves for help was where the precipitating cause of care was illness or family

Table 5:3 Reason for care with manner of family's referral to Social Work Department -
total sample 222

	Mother		Father		Both Parents		RSPCC		Police		Other Agency		Neighbours		Don't know	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Family homeless	17	32.1	7	15.9	8	80	1	4.2	-	-	9	16.4	2	6.5	2	100
Broken family mother + child	9	17.0	-	-	-	-	2	8.3	5	31.3	3	5.5	1	3.2	-	-
Broken family father + child	2	3.8	30	68.2	-	-	3	12.5	2	12.5	13	23.6	11	35.5	-	-
Both parents absent	1	1.9	-	-	-	-	1	4.2	2	12.5	1	1.8	8	25.8	-	-
Child illegit- imate	9	17.0	-	-	-	-	-	-	1	6.2	16	29.1	3	9.7	-	-
Illness of parent	7	13.1	4	9.1	1	10.0	1	4.2	3	18.7	12	21.8	5	16.1	-	-
Unsatisfactory home conditions	1	1.9	-	-	1	10.0	13	54.1	3	18.7	1	1.8	-	-	-	-
Other family problems	7	13.2	3	6.8	-	-	3	12.5	-	-	-	-	1	3.2	-	-
Totals	53	100	44	100	10	100	24	100	16	100	55	100	31	100	2	100

Table 5:4 Reason for care with manner of family's referral to Social Work Department - interview sample 62

	Mother		Father		Both Parents		RSPCC		Police		Other Agency		Neighbours		Don't know	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Family homeless	9	50.0	3	20.0	3	75.0	1	11.1	-	-	2	18.2	-	-	-	-
Broken family mother + child	4	22.2	-	-	-	-	-	-	1	33.3	2	18.2	-	-	-	-
Broken family father + child	1	5.6	9	60.0	-	-	-	-	1	33.3	-	-	-	-	-	-
Both parents absent	1	5.6	-	-	-	-	1	11.1	-	-	-	-	1	50.0	-	-
Child illegitimate	-	-	-	-	-	-	-	-	1	33.3	3	27.3	-	-	-	-
Illness of parent	1	5.6	2	13.3	-	-	-	-	-	-	3	27.3	1	50.0	-	-
Unsatisfactory home conditions	-	-	-	-	1	25.0	6	66.7	-	-	1	9.1	-	-	-	-
Other family problems	2	11.0	1	6.7	-	-	1	11.1	-	-	-	-	-	-	-	-
Totals	18	100	15	100	4	100	9	100	3	100	11	100	2	100		

relationship difficulties. By contrast, where fathers were the source of referral, the major reasons for care were the desertion of mothers, (68.2%) and eviction (15.9%). The remaining cases were allocated between families where one parent was ill and where there were other family problems. It is interesting to note that half as many fathers as mothers referred families in this latter category. This may well be related to fathers' reluctance to ask for help.³² As might be expected, agency referrals from the Royal Scottish Society for the Prevention of Cruelty to Children (RSSPCC) were the highest in cases of unsatisfactory home conditions, (54.2%), but they also figured in cases of other family difficulties and where mothers were supporting a family on their own. In these cases, the RSSPCC officer seemed to have the role of voluntary social worker rather than of an investigator. General practitioners and medical social workers were involved where the families were ill or under stress which might have placed a child at risk. Over half the referrals made by medical social workers (52.6%) were of single parent families where mothers were unable to keep their children. Neighbours and relatives seemed to be involved for a variety of reasons but were most active in cases where mothers were in desertion (35.5% of cases) or where both parents were in desertion (25.8% of cases).

Interview sample.

The relationship between the reason for care and referral in the interview sample reflected very closely that of the total sample. in 75% of cases where both parents were the source of referral, eviction had been the cause of care. Where mothers referred families, once again, eviction was a main reason for care; separated

mothers also tended to be self-referred and twice as many mothers as fathers referred families where there were other family difficulties. Referrals by fathers were caused by the desertion of mothers in 60% of cases and by eviction, illness, and other family problems the remaining 40% of cases. Two thirds of families in the interview sample referred by the RSSPCC were cases of potential neglect and the other third for actual neglect.

Referrals from general practitioners, medical social workers and the Department of Health and Social Security, were much reduced in the interview sample, while neighbours were responsible for the referral of two families only.

There was a certain amount of evidence that fathers found it much more difficult to refer themselves for help than mothers. In the total sample, over one third of the families where mother was absent had been referred by relatives or friends. In the interview sample, there was only one case where a father had been referred by others, but his comments illustrate his reluctance to seek help.

After the wife left, I didna' know what to do, but I managed for a while. I couldna' bring myself to go to the Welfare, I was that ashamed the wife had gone, but I knew I'd have to. Then the Vicar said he'd make the arrangements. That was a great relief.

Fathers showed the same reluctance to approach Social Work Departments where parents were together. In fifteen out of the eighteen families in the interview sample where mothers took the initiative for asking for help, fathers had been present in the household at the time of referral. As one mother said:

When the notice came he (the father) said 'You'll have to go up there and see if they can give us any money.' I felt that ashamed when I went, but I was feared for the bairns and I knew my man wouldn'a go. He would have lost too much face.

In another case, a father who had referred himself, commented on his humiliation in asking for help. Only his sense of responsibility for his children had prevented him from leaving the Social Work Department while waiting for an initial interview to commence. The reason for the fathers' reluctance to seek help may derive from their wish to maintain the state of autonomy in a situation which placed them in a position of dependency. This will be explored further in Chapter 6.³³

Apart from their reluctance to become clients of the Social Work Department, another reason that might have contributed to the fathers' inactivity was that it was a cultural norm that mothers were allocated the role of financial manager and negotiator with other agencies outside the home. It was the mother who went to pay the rent and the bills and who therefore took the initiative in negotiating with side agencies. As one mother put it:

See, me and my man, the way things are is - he does the work and I look after the bairns. When he gets his money, he keeps a wee bit for the drink, ye ken, but the rest is for me to look for the bairns and the house. When the eviction notice came, I went up to the Department then told my man when I came back. I didna' want to go, but it was my fault you see.

There was also a suggestion from parents, though this could not be measured statistically, that where agency referrals had taken place, the referral was not made until the help demanded came outside that agency's brief, and only after considerable attempts had been made to offer the family help on the agency's terms. This seemed to apply particularly to referrals from medical social workers and from the RSSPCC. The following examples illustrate this:

An unmarried mother said:

She (the medical social worker) tried to find me somewhere to live, but she had no choice but to send me to the Welfare.

A father whose children were received into care because of unsatisfactory home conditions, rather than child abuse said:

The Cruelty man went to the Housing but they wouldna' budge, they said we'd somewhere to stay and others had nowhere. It wasna' a fit place for the bairns and he had to arrange for them to be took away.

Length of time family had been known to Social Work Department before reception into care.

Referral to the Social Work Department from voluntary agencies seemed to take place when the client's problem was outside a voluntary agency's definition of its function. In these cases, an application for care was seen as a last resort.

A similar policy might have been adopted by Social Work Departments in relation to families who were primary referrals. In these cases, a sustained period of intervention before a decision about reception into care was made might have indicated against rehabilitation. The counter-argument to this theory is that where a family was receiving long term help, reception into care might have been a planned short term measure offered at a point of family crisis. Either way, there could have been a significant relationship between the length of time a family had been known to Social Work Departments and return from care.

As Table 5:5 and 5:6 show, neither of these theories was confirmed in either the total or the interview samples. There was no significant relationship between the length of time families had been known to Social Work Departments and the return of children from care.

Table 5:5 Length of time family known to Social Work Department before reception into care with return from care - total sample 222

	Children returned		Children in care	
	No.	%	No.	%
No previous contact (1st referral)	36	55.4	104	66.3
Under 1 year	11	16.9	17	10.8
Over 1 year	18	27.7	36	22.9
Totals	65	100	157	100

$$\chi^2 = 9.64 \text{ d.f.} = 5 \text{ } P = < 0.50 \text{ not significant}$$

Table 5:6 Length of time family known to Social Work Department before reception into care with return from care - interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
No previous contact (1st referral)	10	40.0	17	45.9
Under 1 year	7	28.0	8	21.6
Over 1 year	8	32.0	12	32.8
Totals	25	100	37	100

$$\chi^2 = 4.0 \text{ d.f.} = 4 \text{ } P = < 0.50 \text{ not significant}$$

Social work activity before decision made about reception into care - interview sample.

The number of weeks or months a family had been known to the Social Work Department before reception into care might not necessarily have been synonymous with the intensity of social work activity they had experienced. A family who had been referred a few weeks before reception into care might have received as much preventive help as a family who had been known to the Department for several months. Unfortunately, the variation in social work files was so great that

Table 5:7 Social work contact prior to decision for reception into care with return from care - parents interview sample 68

	Children returned		Children in care	
	No.	%	No.	%
No meetings	4	14.3	3	7.5
At least one meeting	6	21.4	10	25.0
At least two meetings	18	64.3	27	67.5
Totals	28	100	40	100

$$\chi^2 = 1.49 \text{ d.f.} = 4 \text{ } P = < .90 \text{ not significant}$$

Table 5:8 Social work contact with mothers prior to decision for reception into care with return from care - mothers interview sample 44

	Children returned		Children in care	
	No.	%	No.	%
No meetings	4	20.0	2	8.3
At least one meeting	3	15.0	6	25.0
At least 2 meetings	13	65.0	16	66.7
Totals	20	100	24	100

$$\chi^2 = 1.63 \text{ d.f.} = 3 \text{ } P = < .90 \text{ not significant}$$

Table 5:9 Social work contact with fathers prior to decision for reception into care with return from care - fathers interview sample 24

	Children returned		Children in care	
	No.	%	No.	%
No meetings	-	-	1	6.2
1 meeting only	3	37.5	4	25.0
At least two meetings	5	62.5	11	68.7
Totals	8	100	16	100

$$\chi^2 = 3.16 \text{ d.f.} = 3 \text{ } P = < .90 \text{ not significant}$$

it was difficult to tell exactly how many times social workers had

seen parents before the decision to receive children into care had been made. Information from the total sample was therefore rejected. Table 5:7 shows the social work activity before the decision about reception into care had been made for all parents interviewed and Tables 5:8 and 5:9 for mothers and fathers separately. It can be seen from these last two tables that 65.9% of mothers and 66.7% of fathers had had at least two meetings with social workers before reception into care had been decided upon. On a return/non-return dichotomy, for both mothers and fathers, there was no significant relationship between the intensity of social work contact before the decision to receive children into care was made and rehabilitation.

Preparation for care.

The second aspect for social work activity before the placement begins is the preparation of a child and his parents for separation, once the decision for admission to care has been made. The reasons why this may be beneficial have been outlined above.³⁴ Briefly, they are that parental involvement helps a child feel he has not been rejected, helps assuage parental sense of failure and aids preparation of caretakers for the child's arrival. Preparation may take the form of communication between the social worker and the family; for a child, it is suggested that 'an explanation about the future can be more reassuring than the fantasies and uncertainties which develop out of the unknown.' (Charnley 1955)³⁵ In Dyson's view (1962) younger children can still appreciate concern, even if they do not understand the meaning of the words spoken to them.³⁶ Apart from verbal communication, pre-placement preparation may take the form of meetings between the child, his parents and the caretakers. Littner (1965) believes such meetings enable caretakers and children to

'get to know some of each others' ways.'³⁷ While pre-placement meetings may facilitate understanding, George (1970) argues that they are of limited value in other ways because it is doubtful whether the child or caretakers will exhibit their true selves during the introductory period.'³⁸ This could be misleading later on in the placement and lead to rejection. In spite of the recommendation by social work literature that separation between child and parent should be gradual, there was little indication in the study that preparation for care was normal departmental practice. The reason for this seemed to be related to policy decisions rather than practice of individual workers. In verbal communication, one assistant director said to the researcher,

Reception into care is always at the last minute because we try everything else before we finally decide to receive children into care.³⁹

The evidence for this 'last resort' policy was that although 60.2% of the interview sample of parents had on-going contact with the Social Work Department before their children were received into care, (see Table 5:5), there was very little evidence that the decision was made in time to enable pre-placement meetings to take place.

Table 5:10 Notice of placement given to parents before reception into care - interview sample 68

	Mothers		Fathers	
	No.	%	No.	%
No notice	32	72.7	10	41.7
At least 1 day's notice	4	9.1	5	20.8
At least two day's notice	4	9.1	8	33.3
Parent in desertion	4	9.1	1	4.2
Totals	44	100	24	100

As Table 5:10 shows, 63.2% of the sixty-eight parents interviewed did not know where and when children were going into care until the actual day. A further 11.9% knew where children were going at least one day ahead, and 14.6% knew at least two or more days in advance of the placement. The remaining 7.3% had caused reception into care by their desertion and did not know where their children were placed until later on.

Table 5:11 Reason for care with notice of placement given to mothers interview sample 44

	No notice		1 day		At least 2 days		Parent absent	
	No.	%	No.	%	No.	%	No.	%
Family homeless			1	25.0	-	-	-	-
Broken family mother + children	5	15.6	-	-	1	25.0	-	-
Broken family father + children	1	3.1	-	-	1	25.0	1	25.0
Both parents absent	3	9.4	1	25.0	-	-	-	-
Illness of parent	3	9.4	-	-	1	25.0	2	25.0
Unsatisfactory home conditions	7	21.9	2	50.0	-	-	1	25.0
Other family problems	2	6.2	-	-	1	25.0	-	-
Totals	32	100	4	100	4	100	4	100

Looking at parental answers in relation to reasons for care, it can be seen from Tables 5:11 and 5:12 that plans had been made for children in cases where either a definite date for separation had been set by outside agencies, for example, an admission to hospital or prison, or where parents were willing to continue the existing arrangement until an alternative could be found. These families included three deserted fathers, one single mother, two mothers whose psychological health was gradually deteriorating and a

family where an older child was being rejected by his parents.

There were three cases where families had been evicted. In the

Table 5:12 Reason for care with notice of placement given to fathers - interview sample 24

	No notice		1 day		At least 2 days		Parent absent	
	No.	%	No.	%	No.	%	No.	%
Family homeless	3	30.0	2	40	3	37.5	1	100
Broken family mother + children	-	-	2	40	-	-	-	-
Broken family father + children	4	40.0	1	20	4	50.0	-	-
Illness of parent	3	30.0	-	-	-	-	-	-
Other family problems	-	-	-	-	1	12.5	-	-
Totals	10	100	5	100	8	100	1	100

remaining eviction cases, parents had not known where their children were to be placed until the day of reception into care. Departmental policy of the City was to some extent hindered by the Housing Department policy, whereby the Social Work Department was often not informed of impending evictions until two or three days before the event was due to take place.⁴⁰ Furthermore, both the two study Departments adopted a policy of postponing the decision to receive children into care until the last moment in the hope that money for the rent arrears would somehow be found at the eleventh hour. Evidence to this effect came from the fact that in twelve out of the eighteen eviction families in the interview sample, there would have been opportunity for a planned admission to care since social workers had ongoing contact with families. It is of some significance that in seven out of the ten cases where parents knew of plans for reception into care at least two days before the admission

of their children to care, placements were to be with voluntary agencies whose children's homes were used by the study departments to supplement their own resources. In all seven of these cases, planning for care and social work intervention had been transferred from the local authority social workers to those employed by the voluntary agencies. It must be stressed that the voluntary agencies involved had the opportunity to choose their clients, a luxury not afforded the Social Work Departments in the study, and could accept children only on condition that they met the family before placement. There were a further thirty-eight families, representing 55.9% of the interview sample, who had ongoing contact with social workers before reception into care. Yet in these cases, decisions about placement had been made no more than twenty-four hours before children went away.

Pre-placement visits - interview sample.

Since so many parents did not know where their children were going until the day of their departure, it is hardly surprising that pre-placement meetings between parents and caretakers were very limited. As Table 5:13 shows, only 6.5% of parents and children in the interview sample had the opportunity to visit the placement before reception into care. In each case, admission was to voluntary children's homes. All four were one-parent families; two fathers had been deserted, one mother was suffering from alcoholism and was to be admitted to hospital for treatment and the fourth parent, another mother, was in a state of crisis following separation from her husband.

Table 5:13 Pre-placement meetings between parents, children and caretakers - interview sample 62*

	Mothers and children		Fathers and children	
	No.	%	No.	%
No meeting	60	96.7	62	96.7
At least one	-	-	1	3.3
At least two	2	3.3	1	
Totals	62	100	62	100

* meetings calculated on a family basis

Note: All children where meetings took place remained in care

χ^2 (pre-placement meetings with return)

For mothers = 1.05 d.f. = 3 $P = < 0.50$

not significant

For fathers = 1.05 d.f. = 3 $P = < 0.50$

Pre-placement visits - total sample.

Pre-placement visits were little more in evidence in the total

Table 5:14 Pre-placement meetings between parents, children and caretakers - total sample 96

	Mothers and children		Fathers and children	
	No.	%	No.	%
No meeting	91	94.8	88	91.8
At least one	2	2.1	4	4.1
At least two	3	3.1	4	4.1
Totals	96	100	96	100

χ^2 (pre-placement meetings with return)

For mothers = 3.77 d.f. = 3 $P = < 0.50$

not significant

For fathers = 6.23 d.f. = 3 $P = < 0.50$

sample than they had been in the interview sample as Table 5:14 shows, with only 15.5% of parents and children experiencing such visits. In each case where a visit took place, the child had been accompanied by one or both parents. As Table 5:14 shows, on a

return/non-return dichotomy, pre-placement visits were significant (though not statistically so), in indicating strongly against rehabilitation. In no case in the return sample did a family experience a pre-placement visit, all thirteen cases where such visits had taken place were confined to the in care sample. χ^2 was not significant for either mothers or fathers.

This finding suggests that both study Departments adopted a policy of not arranging pre-placement meetings and saw reception into care as a last resort. Such practice seems at odds to social work theory which advocates careful preparation of parents and children for separation.

Parental opinions on the value of pre-placement meetings.

Though few parents could speak from experience, because of the theoretical importance attributed to preparation for care, parents were asked to comment on whether there was any value in pre-placement meetings, firstly for children and secondly for parents. Tables 5:15 and 5:16 show that only a quarter of the study parents felt such

Table 5:15 Parents' perception of the value of pre-placement meetings for children - parents interview sample 68

	Mothers		Fathers	
	No.	%	No.	%
Meetings useful				
a) experience	2	4.4	2	8.3
b) no experience	11	25.0	5	20.8
Meetings not useful	31	70.6	17	70.9
Totals	44	100	24	100

Table 5:16 Parents' perception of the value of pre-placement meetings for parents - parents interview sample 68

	Mothers		Fathers	
	No.	%	No.	%
Meetings useful				
a) experience	2	4.4	2	8.3
b) no experience	14	31.8	5	20.8
Meetings not useful	28	63.8	17	70.9
Totals	44	100	24	100

meetings were useful for either child or parent. Among those who saw value in meetings were the four parents who could base their views on their own experience. They shared the views of others that meetings were valuable in several ways. Firstly, they provided reassurance to parents that childrens' physical needs were being adequately met. Secondly, they provided reassurance to children that they had not been rejected by their parents. Particular reassurance came from knowing that caretakers were not going to steal their childrens' affections. The sharing of information on childrens' habits helped to restore parental self-esteem. It was easier to prepare children effectively for separation if parents could describe caretakers' homes. Lastly, pre-placement meetings were likely to lessen anxiety about a first meeting after the placement had commenced.

These comments of the following parents illustrate these points.

A deserted father: I think going with the children to see the home beforehand made them feel they weren't just being dumped and left. They knew where they were going and that I'd come back and see them. For me, I felt it helped me know where they were, meeting the woman in charge and everything. She showed the bairns some wee toys and said they'd be there when they came

to stay. She asked me if I wanted to see where they slept and said I could come any time - I didn't have to ask - so the bairns knew I would be back.

Table 5:17 Reasons given by interviewed parents for and against pre-placement visits - parents interview sample 68

	Mothers (44)		Fathers (24)	
	No.	%	No.	%
<u>Useful</u>				
Reassurance for children	8	18.2	3	12.5
Parent sees child's needs being met	10	22.7	6	25.0
Parent sees caretaker is no threat	5	11.4	1	4.7
Facilitates preparation of children	3	6.8	1	4.7
Facilitates later visits	4	9.1	3	12.5
<u>Not useful</u>				
Parting more painful	14	31.8	8	33.3
Placement below expectations	5	11.4	5	20.8
No realistic choice	-	-	5	20.8
Trust in 'Welfare'	7	15.9	3	12.5
Parent preoccupied with crisis	6	13.6	4	16.7
Totals	62	140.9	39	163.4

Totals more than 44 or 24 and 100% since, in some cases, more than one reason given.

A second deserted father: This child had been going to the children's home on a daily basis before reception into care. I'm one of the lucky ones - I can't say that it made much difference to him going into care. I knew the home anyway - I used to collect him every night. They just accepted that he'd stay there during the week. If he'd gone to a different place I'd not have liked that - I think he'd have been upset and it wouldn't have been so convenient for me.

A mother who was to be admitted to hospital for treatment for alcoholism: See me, with the drink and all - I was naebody - couldna' even care for my bairns. I felt that ashamed when I went to visit - I thought they'd

think I was really bad. They treated me so well - asked me what was their favourite food, told me I could go and see them, said I was good to go to hospital; after that I wasna' so worried - it was a load off my mind.

A mother who had been evicted: When we went to see them after, it was a terrible journey. On the day we'd gone with the social worker, I'd been that sick with worry I hadna' taken much notice of the place anyway. I couldna' find the way on my own - I wondered what I'd find at the end. Maybe if I'd gone before - before the day that is - I'd have noticed more about it. It wouldna' have been so bad.

Over one third of the parents felt that pre-placement visits would have made parting with their children even more difficult. Ten out of these twenty two parents felt that their children's placements were far below their expectations. Had they made a pre-placement visit, their decision to have their children received into care would have been even more painful. One mother said:

I would have been put off letting them go if I'd seen the place - but I had no choice.

Another mother said:

I couldn't believe it when I did go. I wouldn't have liked to have seen it - all they long corridors and that big hall you waited in - on the other hand, I couldna' have left them if I had seen where they were going.

The remaining 36.8% of parents felt that a visit would have made little difference to the placement. Five fathers said vehemently that since the choice of placement was arbitrary, to be confronted with a place they did not like would have made matters worse. One father voiced his opinions thus:

What's the point - they decide where the children go - you have no say - you don't count in this matter - what happens if you don't like the place or the foster parents - they don't do anything about it, there is no other place for the children to go, they just don't have enough to go round. Don't talk to me about choice - it doesn't exist.

Ten parents, who felt visits would have made no difference, showed a tacit acceptance of the arrangements made on their behalf by social workers as the views of one mother demonstrate:

I was confident enough in the Welfare - I knew whatever they would do would be the best thing. It didn't really matter where the bairns were, so long as they were well looked after. It all happened so fast I didn't have time to think about it, which was better.

The remaining ten parents felt that they had been completely engrossed in the crisis that had led to reception into care; to have been burdened with the extra responsibility of involvement in their childrens' placement at this stage would have only increased their anxiety. One father said:

Our only concern was to get the kids fixed up before the eviction.

And a mother said:

There was so much to do with the eviction I wouldn't have had the time. I was that worried about losing the home - I was glad to leave it to the Welfare.

Another mother who had been ill said:

I was in hospital so it didn't affect me, but no, I couldn't have been involved with visiting the home - I knew Miss Mackie would see them right - she had done before.

To a large extent, the parents views on the value of pre-placement visits seemed to be related to their experience of the placement itself. Those who felt their children's placement was satisfactory said they would have found the experience of visiting their children useful but those who felt that substitute homes were below their expectations felt that a pre-placement visit would only have added to the pain of their children's departure. It is interesting to note that, in relation to pre-placement visits, the study parents had accepted the status quo and no parent who had not had the opportunity

for a pre-placement visit had questioned the fact that he had not been asked to see where his child was to stay. In the minority of cases, where visits had taken place, the initiative had come from the social workers.

The experience of the group of parents who were interviewed was so limited that their accounts of pre-placement meetings, though valuable on a descriptive level, could not be used with any accuracy for statistical analysis.

The usefulness of pre-placement visits - caretakers' perception.

Like parents, caretakers were asked to give their views on the usefulness of pre-placement visits for children and their parents.

Table 5:18 Caretakers' views on the value of pre-placement meetings with children with type of placement - total placement sample 189

	Foster parents		Houseparents	
	No.	%	No.	%
Useful	38	42.7	58	58.0
Not useful	46	51.7	9	9.0
No experience to comment	5	5.6	33	33.0
Totals	89	100	100	100

$$X^2 = 52.43 \quad d.f. = 2 \quad P = < 0.001$$

Table 5:18 shows the views of the total placement sample of both foster parents and houseparents in relation to children and Table 5:19 in relation to parents.

Several factors emerge from these two tables. Firstly, in the total sample, there was a very significant difference between the attitudes of houseparents and foster parents towards pre-placement visits for both children and their parents. X^2 was significant for

both Tables at the 0.001 level. Rather more houseparents (61% compared with 42.7% of foster parents) felt that pre-placement visits were in the interest of children. Conversely, only 9% of houseparents felt that such visits were not useful compared with over half the sample of foster parents (51.7%). 3% of houseparents and 5.6% of foster parents felt they were unable to comment through lack of experience.

Table 5:19 Caretakers' views on the value of pre-placement meetings with parents with type of placement - total placement sample 189

	Foster parents		Houseparents	
	No.	%	No.	%
Useful	11	12.4	49	49.0
Not useful	58	65.2	22	22.0
No experience to comment	20	22.4	29	29.0
Totals	89	100	100	100

$$\chi^2 = 50.27 \quad \text{d.f.} = 2 \quad P = < 0.001$$

Table 5:19 shows that the difference between the two groups were even more marked in relation to parental pre-placement visits. Four times as many houseparents as foster parents (49% compared with 12.4%) were in favour of pre-placement contact between caretakers and parents. Conversely, three times as many foster parents were against such visits as houseparents (65% compared with 22% of houseparents.) The remaining 29% of houseparents and 22.4% of foster parents again felt they could not comment because of lack of experience.

Tables 5:20 and 5:21 show that the differences were reflected to some extent in the interview sample. There was no overall significant difference between the attitudes of the interview placement

Table 5:20 Caretakers' views on the value of pre-placement meetings with children with type of placement - interview placement sample 70

	Foster parents		Houseparents	
	No.	%	No.	%
Useful	5	17.9	20	47.6
Not useful	19	67.9	10	23.8
No experience to comment	4	14.3	12	28.6
Totals	28	100	42	100

$\chi^2 = 3.01$ d.f. = 2 $P = < 0.50$ not significant

Table 5:21 Caretakers' views on the value of pre-placement meetings with parents with type of placement - interview placement sample 70

	Foster parents		Houseparents	
	No.	%	No.	%
Useful	4	14.3	25	59.5
Not useful	19	67.9	6	14.3
No experience to comment	5	17.9	11	26.2
Totals	28	100	42	100

$\chi^2 = 14.10$ d.f. = 2 $P = < 0.01$

Total placement sample used in this assessment - not only those whose experience related only to study children in local placement.

sample of foster parents and houseparents towards pre-placement contact with children but as Table 5:21 shows, differences between the two groups of caretakers in relation to pre-placement visits by natural parents were significant at the 0.01 level. 59.5% of houseparents thought that meetings with parents were useful compared with only 14.3% of foster parents. Over two thirds of foster parents (67.9%) compared with under a quarter of houseparents (14.3%) thought that meetings were not useful. 17.9% of foster parents and 26.2%

of houseparents felt unable to comment through lack of experience.

The difference between the two sets of views in the total sample raises several points. Firstly, it was clear that houseparents had a more positive attitude towards the use of pre-placement visits for both children and parents. Secondly, houseparents were far less willing to comment on situations of which they had no experience. This reflected a general difference between the replies given by the two groups of caretakers.⁴¹ Houseparents tended to discuss issues in generalities by contrast with foster parents who related their views to their own personal experiences.

The influence of caretakers' attitudes to pre-placement visits on the return of children from care.

Since the attitude of caretakers towards parents was one of the main predictive factors in the study to be considered in relation to rehabilitation, it was thought that some importance might be attached to evaluating the separate attitudes of foster parents and houseparents towards natural families on a return/non-return dichotomy at every point in the caring process.

At Tables 5:22 and 5:23 show, in both the total and interview placement samples, there was no significant difference between the attitudes of the in care or return groups of foster parents and houseparents towards pre-placement visits by natural families. It is of interest to note that the views of foster parents in the total sample were almost significant at the 0.05 level, with the in care group seeing less value in pre-placement visits by parents than the return group. The significance rate may have been raised by the large percentage of foster parents in the return group who had no experience of pre-placement visits.

Tables 5:22 a and b Foster parents' views on the value of pre-placement contact with children and parents with return from care - total placement sample 89

a) Attitude to children

	Returned		In care	
	No.	%	No.	%
Useful	7	43.7	31	42.5
Not useful	6	37.6	40	54.8
No experience	3	18.7	2	2.7
Totals	16	100	73	100

$\chi^2 = 4.23$ d.f. = 2 $P = < 0.10$
not significant

b) Attitude to parents

	Returned		In care	
	No.	%	No.	%
Useful	1	6.	11	15.0
Not useful	11	68.7	54	74.0
No experience	4	25.0	8	11.0
Totals	16	100	37	100

$\chi^2 = 2.72$ d.f. = 2 $P = < 0.50$
not significant

Tables 5:22 c and d Houseparents' views on the value of pre-placement contact with children and parents with return from care - total placement sample 100

c) Attitude to children

	Returned		In care	
	No.	%	No.	%
Useful	22	61.1	36	56.
Not useful	5	13.9	4	6.2
No experience	9	25.0	24	37.5
Totals	36	100	64	100

$\chi^2 = 2.67$ d.f. = 2 $P = < 0.50$
not significant

d) Attitude to parents

	Returned		In care	
	No.	%	No.	%
Useful	21	58.	28	43.8
Not useful	7	19.4	15	23.4
No experience	8	22.2	21	32.8
Totals	36	100	64	100

$\chi^2 = 2.06$ d.f. = 2 $P = < 0.50$
not significant

The lack of significance between the views of caretakers in the return and in care groups may be attributed to the high number of caretakers who had no experience of pre-placement visits and could therefore make no meaningful comments on their usefulness.

Some caretakers were prepared to comment on why they held positive or negative views on the usefulness of pre-placement visits.

Tables 5:23 a and b Foster parents' views on the value of pre-placement contact with children and parents with return from care - interview placement sample 28

a) Attitude to children

	Returned		In care	
	No.	%	No.	%
Useful	3	27.3	2	11.8
Not useful	7	63.6	12	70.6
No experience	1	9.1	3	17.6
Totals	11	100	17	100

$$X^2 = 1.29 \text{ d.f.} = 2 \text{ } P = < 0.90 \\ \text{not significant}$$

b) Attitude to parents

	Returned		In care	
	No.	%	No.	%
Useful	1	9.1	3	17.6
Not useful	7	63.6	12	70.6
No experience	3	27.3	2	11.8
Totals	11	100	17	100

$$X^2 = 1.80 \text{ d.f.} = 2 \text{ } P = < 0.50 \\ \text{not significant}$$

Table 5:23 c and d Houseparents' views on the value of pre-placement contact with children and parents with return from care - interview placement sample 42

c) Attitude to children

	Returned		In care	
	No.	%	No.	%
Useful	11	57.8	14	60.9
Not useful	4	21.1	2	8.7
No experience	4	21.1	7	30.4
Totals	19	100	23	100

$$X^2 = 1.48 \text{ d.f.} = 2 \text{ } P = < 0.50 \\ \text{not significant}$$

d) Attitude to parents

	Returned		In care	
	No.	%	No.	%
Useful	8	42.1	12	52.2
Not useful	7	36.8	3	13.0
No experience	4	21.1	8	34.8
Totals	19	100	23	100

$$X^2 = 3.38 \text{ d.f.} = 2 \text{ } P = < 0.50 \\ \text{not significant}$$

Where views on pre-placement contact between caretakers and families were positive, as Tables 5:24 and 5:25 show, houseparents and foster parents gave very similar reasons why such visits should be encouraged. These bore a close resemblance to the reasons given by natural parents⁴² and were firstly, that visits gave the opportunity to provide continuity for the child and help him to adjust to the

Table 5:24 Caretakers' reasons for value of pre-placement meetings
- total placement sample 189

	Foster parents (89)		Houseparents (100)	
	No.	%	No.	%
<u>Useful</u>				
Prepares child for separation	32	35.9	60	60.0
Parents can provide information	25	28.1	56	56.0
Reassures parent child's need being met	21	23.6	43	43.0
Reassures parent caretaker no threat to parent	5	5.6	22	22.0
<u>Not useful</u>				
Meaningless for young children	11	12.3	6	6.0
No choice - valueless	35	39.3	9	9.0
Children 'settle' without visits	38	42.7	12	12.0
Only interested in child against parental involvement	12	13.5	2	2.0
Depends on Parents' interest	22	24.7	17	17.0
Totals	201	198.8	227	227.0

Numbers and percentages more than 189 and 100% since, in some cases, more than one reason given.

coming separation; that they enabled parents to give caretakers valuable information about the child; that they reassured natural parents that children's needs were being met and that caretakers had no intention of competing for childrens affections.

The following comments by houseparents and foster parents illustrate their attitudes.

A houseparent: Preparedness is seventy-five per cent of the battle with children. Children want to know where they are going and they need continuity.

Table 5:25 Caretakers' reasons for the value of pre-placement meetings
placement interview sample 70

	Foster parents (28)		Houseparents (42)	
	No.	%	No.	%
<u>Useful</u>				
Prepares child for separation	4	14.3	10	23.8
Parents can provide information	3	10.7	18	42.9
Reassures parent child's needs being met	3	10.7	17	40.5
Reassures parent caretaker no threat	1	3.6	14	33.3
<u>Not useful</u>				
Meaningless for young children	6	21.4	3	7.1
No choice - valueless	4	14.3	6	14.3
Children 'settle' without visits	14	50.0	8	19.1
Only interested in child	3	10.7	-	-
Depends on parents' interest	9	32.1	5	11.9
Totals	47	167.8	81	192.9

Numbers and percentages more than 70 and 100% since, in some cases, more than one reason given.

A housemother: When children come into care to someone they have seen before, it's not so hard on them. I like children to visit several times before they come. I always show them where their bed is and suggest they bring their favourite toy with them so that we can decide where it is going to stay.

A housefather: A visit to the home prior to admission to care is very valuable. The child can see for himself the staff who are to be looking after him and meet the other children in the home. Natural parents can help greatly by supplying information regarding any specific difficulties or any feeding arrangements or dislikes that the child might have, and at the same time they have the opportunity of meeting the adults who are to care for the child. Future contact with parents is so much easier when one has

met the person concerned beforehand.

A foster mother: It's a terrible thing for a child to be uplifted and taken to a strange place. I know how I'd feel for my children. The last one came to us cried and cried we couldn't stop him. If he'd have come beforehand with his parents, maybe it wouldn't have been so bad.

A foster mother who lived in the same village as the natural father and knew the children before they came into care: The children were a part of the family almost before they came to stay with us so it was easy for them to settle down. It helped these two, and yes, in general, I think it would be a good thing for children to see where they were to live before they went away from their parents.

A foster mother: I know how I'd feel if my children went away, I'd want to see where they were going to make sure they were alright. Yes, I think its natural for a mother to want to come to meet you and I would encourage them to do so.

A foster father: You must wonder what the people are like who want to look after other people's children. You might think if you were a parent that they were out for the money, meeting them beforehand helps you to see that they are people just like you.

Where caretakers held negative views, as Tables 5:24 and 5:25 show, there were considerable similarities between the attitudes of houseparents and foster parents. Both shared the view that, for young children preparation was meaningless and therefore a waste of time. The following comments illustrate their views:

A housemother: Small children just settle down anyway when they come and are far too young to understand what is going on. In these cases, there is little point in any pre-placement visit.

A foster mother: When the wee ones came to us they couldn't have understood what was happening, they were so little.

These views are somewhat at odds with social work theory, which suggests that even younger children can appreciate concern although they do not understand the meaning of words spoken to them.⁴³

Like natural parents, some houseparents felt that, in the absence

of any realistic choice about the placement, a pre-placement visit which provoked negative feelings about the caretakers could cause difficulties later on.

A housemother: It's better if a child comes on the day but not beforehand. If they come beforehand and don't like what they see you could have an awful lot of resentment. On the day, they just have to put up with it whether they like it or not.

A housefather: If the parents come beforehand and they don't like the place, they could cause a lot of trouble for you by objecting to everything. Since they have no choice anyway, it seems to me it's better if they come when the child has settled down.

By contrast, foster parents related their negative feelings to their own needs and their personal view of the placements.

Some felt that preparation for the child was unnecessary since they had the ability to comfort the child on the day he came to care. One or two foster parents measured their success in their ability to be able to give such comfort.

A foster mother: A child doesn't need to come beforehand. They don't understand very well and they settle down anyway.

A foster mother: I can get on with any child, I seem to have a natural instinct with children, they soon settle down when they come. A visit beforehand would be pointless.

Furthermore, at least three foster parents commented that they could use the child's distress to win over his affection at a point of crisis. This they saw as a positive part of the settling in process.

A foster mother: It's better if the kids come with the social worker on the day rather than beforehand. Then you can just take them in and they will turn to you when they are upset.

A foster mother: When they come, they generally cry. It helps a lot because you can give them a cuddle and reassure them that you will take the place of their mothers.

At least two foster parents seemed completely unaware of a child's need for continuity.

A foster mother: A child never looks at the past not the future it is only the present that interests him.

Finally, a minority of nine foster parents who saw the placement as quasi-adoptive, felt very strongly that there would have been no purpose in meeting natural parents since it was only the child who warranted their interest.

A foster mother: I am not concerned with the parents of the children in my care only the boys themselves.

A foster mother: I never wanted to meet the parents at any stage. I asked for one (child) that I could bring up as my own.

Finally, there were cases of both houseparents and foster parents who put the onus very much on the interest which natural parents might show in their children. The views of one housefather represent the rest.

I think it depends on the parents. If you get widowers' children they show an interest in them, and in that case, I encourage them to come beforehand and look around the place. To me, meeting the parents before doesn't make any difference if they are parents who have never bothered with their children.

Such views would seem to be misguided in view of the theory which suggests that the feelings of failure natural parents experience at this time may often be so disabling that they are likely to need considerable support from caretakers in order to establish patterns of contact with their children.⁴⁴

The comments of caretakers illustrate several points. Firstly, a substantial portion of caretakers had no experience of pre-placement visits of children or their parents. Houseparents were more positive in their attitude towards visits from both children and parents

but foster parents showed a marked inclination towards the exclusion of parents from placements even at this early stage. Houseparents seemed more aware of a child's need for continuity and his parents' need for reassurance and support at the time immediately before the placement. Foster parents were very much more child-centred, yet, almost by contradiction, seemed to be much less aware of the needs of young children in separation. Bearing in mind the realistic constraints of emergency placements, it is disquietening that, in contradiction with the theory, from the practice in this study there was little evidence of preparation for care or from the study caretakers, widespread recognition of its value.

Decision making at reception into care.

Theoretically, the decision for a child to be received into care under Section 15 of the 1968 Social Work (Scotland) Act rests with the parents. In practice Jehu (1963) suggests that the social worker often plays a major part in the decision making process.⁴⁵ Glickman (1957) believes that if parents feel that the decision is mainly theirs, this may indicate they are facing a short term crisis brought on by environmental factors or 'a temporary breakdown in their neurotic equilibrium.'⁴⁶ By contrast, indecision about reception into care may indicate a severe problem to which there is no short term solution. It could also be argued that decisiveness might indicate a positive rationalisation of feelings of failure, which would enable these parents to remobilise their strengths and effect reunion with their children. The involvement of parents in decision making at reception into care might well be a predictive factor indicating for return of children from care.

Table 5:26 Person(s) who made the decision for children to be received into care with return from care - families interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
Mother	7	28.0	4	10.8
Father	3	12.0	7	18.9
Both parents	2	8.0	-	-
Social worker	8	32.0	19	51.4
Other agencies	5	20.0	7	18.9
Totals	25	100	37	100

$$\chi^2 = 7.31 \text{ d.f.} = 5 \text{ } P = < 0.50 \text{ not significant}$$

As Table 5:26 shows, on a return/non-return dichotomy there was no significant difference between cases where parents felt they had made the decision about reception into care or where they felt it had been left to other agencies. It is of interest to note that, in no case where both parents thought they made the decision had a child remained in care and, where mothers had made the decision, more families had been reunited. By contrast, where fathers felt the decision had been theirs, slightly more children remained in care. A decision by the social worker also indicated against rehabilitation. A decision made by other agencies seemed to have no significance.

Parental involvement in decision making was related to reasons for care as Table 5:27 shows. In over 75% of cases where the decision had been made by mother, the reason for care had been eviction. In 50% of cases where fathers had made the decision, care had been necessitated by the desertion of mothers. Parents had asked jointly for reception into care when they were living in unsatisfactory home conditions. The decision rested with social

Table 5:27 Reason for care with person who made the decision for children to be received into care - families interview sample 62

	Mother		Father		Both Parents		Social Worker		Other Agency	
	No.	%	No.	%	No.	%	No.	%	No.	%
Family homeless	10	76.9	1	10.0	-	-	8	26.7	1	7.7
Broken family mother + children	1	7.7	3	30.0	-	-	3	10.0	1	7.7
Broken family father + children	1	7.7	5	50.0	-	-	5	16.7	1	7.7
Both parents absent	1	7.7	-	-	-	-	1	3.3	1	7.7
Child illegitimate	-	-	-	-	-	-	4	13.3	-	-
Illness of parent	-	-	-	-	-	-	4	13.3	3	23.0
Unsatisfactory home conditions	-	-	-	-	2	100	4	13.3	4	30.8
Other family problems	-	-	1	10.0	-	-	1	3.3	2	15.4
Totals	13	100	10	100	2	100	30	100	13	100

workers for a variety of reasons, among them eviction, desertion of mother, neglect, illness of parent and illegitimacy.

Taken in conjunction with parental comment, these findings suggest several factors.

There were three groups of parents who had a fairly definite idea of the duration of childrens' stay in care. These included eviction cases, where for example one mother commented:

After my man went, I was left with the debt and house. I was at my wits end, I wanted the children took care of until I could get myself sorted out. I knew it would take a wee while, but as soon as I got a job, they would come back.

Secondly, there were parents who were facing admission to hospital or prison and thirdly, there were several deserted fathers who

were certain from the outset that children would remain in long term care. As one father said:

It was awful to break up the home, but I couldn't look after them on my own. I knew that I would have to get someone to look after them until they were old enough to care for themselves.

In contrast with these parents, there were two other groups who felt unable to face the decision about reception into care until the last moment. In the first group were parents who hoped up until the day of reception into care that some alternative help would be found to prevent separation from their children. In some cases this was the payment of rent arrears and in others the provision of accommodation. One unmarried mother said:

I couldn't believe it when the day came and the baby had to leave hospital. I really thought they would find me somewhere to live. I was that shattered when I'd nowhere to go. The social worker said 'you will have to let him go' - what else could I do?

The second reason why parents had not made a decision resulted from their sense of failure. This applied equally to fathers, and to mothers. One separated mother described her predicament.

I knew that the bairns would have to go away, but I couldn't bring myself to ask the social worker. I was hoping she would suggest it and she did eventually. It was a great relief.

In the remaining cases where social workers or other agencies had made the decision the reason for care had been illness - a factor beyond parental control, or potential or actual child abuse. The removal of children in these latter cases was received with considerable resentment by parents.

The necessity for reception into care.

It has already been shown that parents in this study had little realistic choice in deciding where their children should be placed.

Just over one third of the parents in the study made the decision about reception into care themselves, but for the rest, the decision was left to social workers who tended to defer any action until the event seemed inevitable. To find out if parents viewed the final decision with the same sense of inevitability, they were asked to comment on a three point scale whether they thought that reception into care had been necessary. As Table 5:28 shows, over half the

Table 5:28 Parental views on necessity for care - all parents interviewed 68

	Mothers		Fathers	
	No.	%	No.	%
Absolutely necessary	23	52.3	14	58.3
Possibly not necessary	14	31.8	5	20.8
Absolutely unnecessary	7	18.9	5	20.8
Totals	44	100	24	100

parents (54.4%) felt that the decision could not have been avoided at any point, but the remaining 45.6% expressed doubt in differing degrees. Parents' views on the necessity for care were closely related to the reasons which had caused admission as Tables 5:29 and 5:30 show. Parents who felt that reception into care was absolutely unnecessary.

These parents represented 17.6% of the interview sample. Their children had been received into care for four reasons; eviction, child abuse, relationship difficulties with children and desertion of mother. All the parents expressed considerable resentment about reception into care. All directly or indirectly attributed blame to social workers who could have prevented family break-up. In general, the reason for care dictated the type of dissatisfaction which a parent expressed. Where children had been removed through the courts for

Table 5:29 Reasons for care with mothers' views on necessity for care - mothers interview sample 44

	Absolutely necessary		Possibly not necessary		Absolutely unnecessary	
	No.	%	No.	%	No.	%
Family homeless	3	13.0	6	42.9	2	28.6
Broken family mother + children	4	17.4	2	14.3	-	-
Broken family father + children	2	8.7	1	7.1	-	-
Both parents absent	1	4.3	2	14.3	-	-
Child illegitimate	3	13.0	1	7.1	-	-
Illness of parent	4	17.4	-	-	-	-
Unsatisfactory home conditions	4	17.4	2	14.3	4	57.1
Other family problems	2	8.7	-	-	1	14.3
Totals	23	100	14	100	7	100

Table 5:30 Reasons for care with fathers' views on necessity for care - fathers interview sample 24

	Absolutely necessary		Possibly not necessary		Absolutely unnecessary	
	No.	%	No.	%	No.	%
Family homeless	3	21.4	3	60.0	3	60.0
Broken family mother + children	2	14.3	-	-	-	-
Broken family father + children	5	35.7	2	40.0	2	40.0
Illness of parent	3	21.4	-	-	-	-
Family relationship difficulties	1	7.2	-	-	-	-
Totals	14	100	5	100	5	100

neglect, parents protested loudly about their removal which in their eyes was completely unjustified. One mother said:

The Cruelty said we weren't looking after them properly. I didn't know what for they were taken away. There was no need. I'm their mother - it's my right to have them.

An explanation for such protest has been given by Glickman (1957)⁴⁷ and Charnley (1955)⁴⁸ who both suggest that neglectful parents may often protest most loudly about their children's removal, but may not be able to admit to themselves that their neglect hides deep-seated rejection of the child.

In the five eviction cases, only one father felt that he might have brought the situation on himself by his financial mismanagement. Two parents blamed themselves for not using the right strategies in order to convince social workers they needed help. One mother felt she had been too passive:

When I was at the Children's Department I heard someone shouting and they got what they wanted. See me, I was too scared to shout so they didn't help me.

Conversely, another mother felt that her husband had been the victim of discrimination because of his aggressive attitude:

They knew three weeks beforehand it (the eviction) was going to happen. My husband and Mrs. Fraser didn't get on at all. She told him he shouldn't have let us get to this state. He was that mad he told her to leave the house. I think that's why she didn't help us.

Others also felt they had been the victims of discrimination and cited cases of neighbours and friends who had received financial help at similar times of crisis. These parents, all on low incomes, felt the nub of their problem was simply not enough money.⁴⁹ Three fathers said that they felt the major role of Social Work Departments was to provide financial aid in times of crisis. One father said:

Don't talk to me about social workers, they make

promises then never keep them. All they do is talk, talk - action was what we wanted.

Parents who thought reception into care was possibly not necessary.

There were nineteen parents in this group (27.9%) whose children had come into care for a range of official reasons, as Tables 5:29 and 5:30 show. Despite these divergent reasons, parents cited three main ways in which reception into care could have been prevented, firstly, by parents' own actions, secondly by more appropriate advice from social workers and thirdly, by the provision of alternative accommodation. They also acknowledged that financial help alone would not have averted the family crisis which led to reception into care. Nine parents had been evicted. Apart from one mother who blamed her deserting husband for not paying the rent, parents felt the responsibility for eviction lay within themselves. As one mother put it:

I could have prevented it by paying the rent - it's as simple as that. I felt so guilty. I wished I'd paid the rent when the removal van came. They sent the locksmith to change the locks. You don't know what it's like until it happens - all your things on the street - you feel so humiliated and the neighbours were standing round staring. Then they take your things away in a van, change the locks and that's you out.

At least three parents felt that eviction had co-incided with a major crisis in family relationships as a mothers comment shows:

I knew it was going to happen but I thought it would stop. What a mess we got ourselves into. It's so easy done - you think 'I'll not pay the rent this week, the kids need shoes and suddenly you're £100 in debt. But it was more too, Jimmy and me were breaking up, we nagged each other all the time. If I could have left him and gone somewhere I'd have been alright, but where do you go with six kids?

Six parents who were supporting their families single-handed saw their problem in terms of alternative accommodation. In one case, a single mother had been unable to find any accommodation for herself and her

child. In the opinion of the remaining five parents, separation could have been averted by the provision of adequate day care facilities.

Finally, there were three mothers who tried unsuccessfully to find alternative accommodation in order to leave an intolerable and irreconcilable marital situation. They said they had been forced into taking the drastic steps of making themselves homeless or of deserting in order to remove children from a potentially harmful situation. Their accounts reveal the desperate methods to which they resorted, their insight into their difficulties and above all, the intensity of concern they felt towards their children. The first mother deliberately made herself homeless:

I made the decision and left and took them with me. The Welfare put us in bed and breakfast. They wouldn't pay any more and took the kids to the home. I told them 'Mummy's left Daddy, she hasn't got a home - there isn't anywhere to go.' I made sure they knew it wasn't because they were bad or anything. I had to do it - it would have been cruel to leave them in a bad environment. I know people get the idea when you put your kids in a home you don't care, but you do care. That's why I did it.

The second mother hitch-hiked with three children from Birmingham to Scotland after she had left her husband:

I knew if I took them back to Scotland it would be alright. The Welfare had helped before. He was getting worse with the drink. I couldn't stand it - so I left. We hitched on lorries - it took two days, the bairns were greeting for food. When I got to Edinburgh I went to the Police and said 'You've got to take the kids, I've nowhere to go'.

The third mother deserted her children to change her circumstances:

See, he was in prison for battering me. He was mental. I couldn't face him coming back. The Welfare tried to find me and the kids somewhere to stay but they couldn't. Miss Forsyth, she said that the Welfare couldn't take the kids into care because I already had a house - the

only way was if they were left alone in the house. I told my eldest I was going away. I left the house and 'phoned the Welfare from down the road. I told them the kids were alone and they'd better do something about it. My eldest, I don't think he's ever forgiven me for going but I couldn't have done anything else.

Finally, there were those in this group who felt that given some professional advice at the right time, they might have been able to contain the problem. One mother had abandoned her six month old baby. At the time of the interview the child had been returned to her. She described how she felt:

He just screamed and screamed, I couldn't stop him. I didn't know what to do and there wasn't anyone to ask. My husband said I wasn't giving him enough to eat. But the bairn sicked his food - the doctor said he'd grow out of it, but I was too worried - I couldn't stand it any more - so I left.

The children of a second mother were removed because of neglect.

She said:

We were too young to have kids - that's what went wrong. We wanted to have a good time - go out with our friends, but the kids got in the way. If someone could have talked to me and Jim, helped us to see our responsibilities we might not have let them go.

Those who felt reception into care was absolutely necessary.

In this third category, there were eight reasons for care and three cases why care was considered absolutely necessary. The first reason came from parents who headed single parent families, the second from parents who felt the reason for care was environmental or beyond their control and the third from those who felt reception into care coincided with a personal crisis in their lives.

Unlike the single parents in the group who felt reception into care might have been avoided, after being rejected by their families or being evicted, the three mothers in this group had not questioned

the inevitability of reception into care. Five deserted fathers and two widowers had been unwilling to accept the responsibility of a one parent family.

The second group of parents who felt that reception into care was absolutely necessary attributed the cause of care to environmental factors beyond their control. These included three parents who had been committed to prison, and three who had been admitted to hospital. In the latter three cases, the mothers concerned felt that their husbands would have been inadequate to look after the children in their absence.

Twenty out of the thirty-seven parents who felt reception into care was absolutely necessary said they had been at a point of personal crisis at the time. One father, whose family had been evicted described his experience. Unlike parents in the other groups, he did not attribute the eviction to financial causes, but saw it as a symptom of inter-personal family problems which had been building up for some time.

Sometimes I think every parent needs a break from the kids - we did. Everything was getting us down, the money, the worry. The kids were the final straw; at the time we didn't admit it but we needed them to go away for a while.

Parents in this group, who had deserted felt that the desertion represented the only escape from the stress of an intolerable marriage.

The remaining seven families in this group expressed considerable relief about their children's reception into care. In three cases, parents described children's unmanageable behaviour difficulties.

One mother speaking of her adolescent son said:

I just couldn't cope with him cheeking me all the time. It was such a relief when he went away - like a load off my mind.

In the remaining four families, children had been received into care because they were considered to be at risk. There was no court order in these cases and admission had been voluntary, but in each case, families had experienced considerable stress before the children were removed.⁵⁰

A mother: He (father) battered me so I battered the kids.

A mother: Everything was getting on top of me - the gas was off and we were on the Social Security. With all of us in the two rooms (in emergency housing) you couldna' get peace. I took it out on the wee one when he greeted. We were that relieved when the Welfare said the kids could go away.

Several conclusions can be drawn from this section. Where parents thought reception into care was absolutely unnecessary, they placed the responsibility for the decision on others, particularly social workers. In eviction cases, they did not equate their arrears with their own financial mismanagement and had an expectation that material aid from the Social Work Department was theirs by right. Many were living on very low incomes.

The second group of parents who were ambivalent about the necessity for care felt that an alternative in terms of financial help or accommodation might have prevented separation from their children. Some parents in this group felt that the final responsibility for their actions had rested with them and that with foresight and more appropriate help from professional agencies, the necessity for care might have been lessened or avoided.

Finally, there was a third group of parents who felt reception into care was absolutely necessary. These parents tended to feel that the responsibility for their actions lay beyond their control. Some accepted the status quo without question, while others were

Table 5:31 Parents' views on necessity for care with return from care - parents interview sample 68

	Children returned		Children in care	
	No.	%	No.	%
Absolutely necessary	16	57.1	21	52.5
Possibly not necessary	7	25.0	12	30.0
Absolutely unnecessary	5	17.9	7	17.5
Totals	28	100	37	100

$$\chi^2 = 0.21 \text{ d.f.} = 2 \text{ P} = < .90 \text{ not significant}$$

Table 5:32 Mothers' views on necessity for care with return from care - mothers interview sample 44

	Children returned		Children in care	
	No.	%	No.	%
Absolutely necessary	11	55.0	12	50.0
Possibly not necessary	6	30.0	8	33.3
Absolutely unnecessary	3	15.0	4	16.7
Totals	20	100	24	100

$$\chi^2 = 0.11 \text{ d.f.} = 2 \text{ P} = < .95 \text{ not significant}$$

Table 5:33 Fathers' views on necessity for care with return from care - fathers interview sample 24

	Children returned		Children in care	
	No.	%	No.	%
Absolutely necessary	5	62.5	9	56.2
Possibly not necessary	1	12.5	4	25.0
Absolutely unnecessary	2	25.0	3	18.8
Totals	8	100	16	100

$$\chi^2 = 0.54 \text{ d.f.} = 2 \text{ P} = < .90 \text{ not significant}$$

facing inter-personal crisis for which reception into care of their children provided some relief.

Parental views on necessity for care as a predictive factor in the rehabilitation process.

Parents who thought that reception into care was absolutely necessary had tended to accept its inevitability, whereas those who felt it could have been avoided, either blamed themselves or others for the separation. In their study on filial deprivation, Jenkins and Norman (1969)⁵¹ found that parents who expressed feelings of anger at reception into care were significantly more likely to have their children returned at an early stage than those who accepted that status quo. It was thought that parents' views on the necessity of care might well have been a predictive factor in indicating for return from care.

But as Tables 5:31 - 5:33 show, in this study there was no evidence that parents' views on the necessity for care influenced the return home. As the Table shows, there was virtually no difference between the views of parents in the in care group and the return group.

Parental involvement on the day of reception into care.

Involving parents in the day of placement is equally as valuable as involving them in the preparation process for the same reasons. Such involvement will help reassure the child that he is not being abandoned by his parents, and that he has their permission to separate from him. For the parents, the experience may have value in reassuring them of the child's well-being and preserving their self-esteem, by giving information to the caretakers about this child's habits. For caretakers and social workers, this is a

vital opportunity early in the placement to support parents in their loss, and reassure them that they have an important part to play in their children's lives. Since, however, social workers are 'dealing with parents at every level of emotional development' (Stevenson 1968)⁵² says it may be that some parents cannot face the actual day of their children's departure. Nevertheless, Glickman (1957) considers that 'from the very first, the guiding principle is to strive to obtain the active participation of the natural parents so far as their circumstances and resistances will permit,'⁵³ and to this end, it is important that parent and worker share in the process of decision making. If parents are excluded from involvement at this stage in the placement then Jenkins (1973) believes such exclusion is likely to 'confirm their worthlessness as parents.'⁵⁴ Feeling thus rejected, parents may well drift out of their children's lives.

To see whether the study parents shared the theoretical views on the value of their involvement at reception into care, they were asked whether they felt parents should go with their children on the day they were received into care.

Table 5:34 Parents' views on the value of accompanying children to caretakers' homes at reception into care - interview sample 68

	Mothers		Fathers	
	No.	%	No.	%
Strongly agree on involvement	12	27.3	12	54.2
Agree with reservations	11	25.0	3	12.5
Disagree with reservations	6	13.6	5	20.8
Strongly disagree	12	27.3	-	-
Indifferent	3	6.8	3	12.5
Totals	44	100	24	100

As Table 5:34 shows, parents gave replies on a five point scale which allowed for positive and negative ambivalence and indifference. There was little difference in the views of mothers and fathers. 36.8% felt that parents should accompany their children on the day they are received into care, but a further 36.8% had some misgivings about this. 17.6% were strongly opposed to such involvement and the remaining 8.8% felt that it would make no difference to either the child or the parents.

Parents related their views to their experience of involvement on the day their children went away, as Table 5:35 shows. For all

Table 5:35 Parents' views on their involvement at reception into care with actual involvement - parents interview sample 68

	Parent present		Parent absent	
	No.	%	No.	%
Agree - parent should go	24	82.8	15	38.5
Disagree - parent should not go	5	27.2	18	46.1
Indifferent	-	-	6	15.4
Totals	29	100	39	100

$$\chi^2 = 15.81 \quad \text{d.f.} = 4 \quad P = < 0.01$$

the parents interviewed, there was a very significant difference between the views of parents who had not accompanied their children and those who had. $\chi^2 = 15.81 \quad \text{d.f.} = 4 \quad P = < 0.01$. Taken alone, views of mothers were not significant but those of fathers remained significant at the 0.01 level. 70.6% of mothers and 100% of fathers who had accompanied their children into care felt that this had been a valuable experience. This compared with 40.7% of mothers and 33.3% of fathers who had not accompanied their children into care.

Table 5:36 Parents' views on their involvement at reception into care with actual involvement - interview sample 68

	Mother present		Mother absent		Father present		Father absent	
	No.	%	No.	%	No.	%	No.	%
Agree - parents should go	12	70.6	11	40.7	12	100	4	33.3
Disagree - parents should not go	5	29.4	13	48.2	-	-	5	41.7
Indifferent	-	-	3	11.1	-	-	3	25.0
Totals	17	100	27	100	12	100	12	100

For mothers $X^2 = 5.08$ d.f. = 4 $P = < .50$ not significant

For fathers $X^2 = 12.10$ d.f. = 3 $P = < .01$

As Table 5:36 shows, there was little overall difference in the views of mothers and fathers on the value of parents accompanying their children at reception into care. Where fathers had no experience of this event, they were less convinced of its value than mothers. Conversely, where both mothers and fathers had accompanied their children, fathers had found this a more positive experience than mothers. Five mothers said that they would not repeat the experience because it had been too painful.

Parents who were in favour of involvement reiterated reasons which had been given to support the value of preparation for care. They talked of the reassurance they had felt in coming face to face with caretakers, how their involvement had helped children realise they were not being abandoned and above all, how the visits enabled them to feel they had a valued part to play in their children's lives. Parents' comments illustrate their views.

A mother: When we got to the home it was so different from what I had expected. I don't know what I thought but the home was just like a big house.

A father talking about foster parents: I felt they'd be looked after when I met them - they were good straight forward people with bairns of their own.

Reassuring children was a positive outcome of parental involvement even though for some parents it made the parting more difficult.

A mother: It's better going with them and seeing them settled at bed time, that's what I did. I put off leaving till they were settled - it was a lot easier for the children but harder for me.

A father: I wanted to go to see where they were going to reassure them I was thinking of them. If you go with children, they think you aren't leaving them for good.

A father: I think parents should go otherwise kids think they are being dumped and you don't care.

For others, sharing their knowledge with caretakers was very helpful.

A mother: I was awfully worried about the wee one, she's very faddy about her food. When I went with her I got the chance to tell them what she liked to eat - they couldn't have known that if I hadn't gone. They said they were glad I was there.

Ten of the parents who advocated parental involvement and who had accompanied their children talked about the reassurance they had gained from caretakers. This took two forms: firstly, caretakers made it quite clear that they had no intention of usurping the parental role and secondly, they were able to empathise and comfort parents who were distressed. This group of parents included all the four parents who had been involved in pre-placement visits. The following three comments illustrate the impact of caretakers' attitudes.

A mother: When we got there, the foster parents introduced themselves as Aunty and Uncle. That put me right straight away. They were so nice, gave us tea and had wee bags of sweeties for the bairns. They gave me a map how to get there and told me which buses to get. It wasna' half so bad as I thought.

A mother: Before we left I made up my mind I wasna' going to greet when we got there, but I couldna' help mysel'. Mrs. Jameson was awful kind, she told me she'd be greeting too if she was me, like she was when her bairn went to hospital. I knew then we were going to get on all right.

A father who had been able to prepare his children for departure: When it came to the day I knew what to expect. Mrs. G. gave us tea and sent the kids off to play with the others. They greeted a bit when I went, but I knew she'd see them right.

There were twenty-nine parents who had mixed reactions to involvement on the day of placement. Five mothers had gone with their children, but the remaining sixteen mothers and eight fathers had not. Although in general, these parents gave some recognition to the value of their involvement at reception into care, this was outweighed by the trauma they had experienced or thought they would experience by seeing their children in a state of physical distress.

A father: I think parents should go - but I was a coward myself and couldn't face it; but they must go so the children don't feel they are being left - they are going to feel that anyway.

A mother: At the time I thought it was a good thing. It would have been better if I hadn't gone. Going away and leaving them made things worse for the children. I think parents shouldn't go now - but I did at the time.

A mother: I can understand a mother who doesn't want to go with her children. When I got in the car, the social worker said I had been very brave. I could hear the wee one screaming when I was walking to the car. I couldn't forget that - my bairn.

A mother: I didn't want to go but I knew she wouldn't go without me. I wouldn't do it again. I could hear her screams in my head weeks later.

A father: I couldn't have done it if I'd seen them upset. I was told afterwards they cried after I left.

The views of these parents were echoed by those who felt that parents should not go with their children, as the following

comment shows:

A mother: I couldn't face parting with them. My husband had to go. I left the home early in the morning because I couldn't face seeing them go. I'd not have been able to leave them if I'd gone. I couldn't have gone - they'd have been greeting and I'd have been greeting - it was bad enough having to give them up-anyway it's the Welfare's job to take the bairns away.

The positive and negative parental comments both reflect the trauma which reception into care brought for families. It was particularly noticeable that, although many of the study parents had been separated from their children for several years, they could remember the details of the day that their children were received into care with astounding clarity. Even for those who had gained some positive experience from accompanying their children into care, the day had been one of stress. Above all, parents had found it extremely difficult to witness the physical anguish of their children. Other studies lend support to this finding. Jenkins and Norman (1972)⁵⁵ found considerable experiences of sadness at reception into care among parents in their longitudinal study on foster care while Thorpe (1974) found that the predominant experience of parents in her study was 'one of distress'.⁵⁶ Yet in spite of the consistent intensity of parental reactions, it was very clear that each parent reacted to the day in his or her own way. Emotions varied according to the circumstances and personality of each individual.

Social work involvement on the day of reception into care.

Social workers obviously have an important part to play in encouraging and supporting parents at reception into care. As Table 5:37 shows, over half the parents in the interview sample,

Table 5:37 Encouragement from others with parental involvement at reception into care - parents interview sample 68

	Parent present		Parent absent	
	No.	%	No.	%
Social worker	22	75.9	16	41.0
Other (spouse/relative)	4	13.8	-	-
None	3	10.3	23	59.0
Totals	29	100	39	100

$$\chi^2 = 30.12 \quad \text{d.f.} = 4 \quad P = < 0.001$$

Table 5:38 Encouragement from others with mothers' involvement at reception into care - mothers interview sample 44

	Mother present		Mother absent	
	No.	%	No.	%
Social worker	14	82.4	7	25.9
Other (spouse/relative)	2	11.8	-	-
None	1	5.9	20	74.1
Totals	17	100	27	100

$$\chi^2 = 24.32 \quad \text{d.f.} = 4 \quad P = < 0.001$$

Table 5:39 Encouragement from others with fathers' involvement at reception into care - fathers interview sample 24

	Fathers present		Fathers absent	
	No.	%	No.	%
Social worker	8	66.8	9	75.0
Other (spouse/relative)	2	16.6	-	-
None	2	16.6	3	25.0
Totals	12	100	12	100

$$\chi^2 = 7.06 \quad \text{d.f.} = 4 \quad P = < 0.50 \text{ not significant}$$

thirty-eight, (55.9%) had been asked by social workers if they wished to go with their children. Although rather more fathers than mothers had been encouraged to participate, as Tables 5:38 and 5:39 show, social work encouragement did not affect significantly the involvement of fathers but was a significant factor enabling mothers to accompany their children. (For mothers $\chi^2 = 24.32$ d.f. = 4 $P = < 0.001$) 82.4% of mothers who had received social work encouragement accompanied their children as did 66.8% of fathers. Only 25.9% of mothers who did not go with their children, had been encouraged compared with 75% of fathers. Differences may be explained by the fact that fathers were generally at work, and in some cases had found it difficult to take the time off when their children were received into care.

While encouragement to participate in the placement may be desirable, it is not necessarily appropriate in all cases. Glickman (1957)⁵⁷ believes that a very important part of the social work task at this time is to accept parental strengths and limitations. In the eyes of seven of the study parents, such acceptance explained either why they had not been encouraged by social workers, or where encouragement had been given, why parents had felt unable to participate in the placement. One mother said:

Miss Carfrae knew that I couldn't have gone with the children, so she didn't ask me. I was grateful for that.

Another mother described how the social worker had accepted that she felt unable to go with her children but had made her feel involved by writing a list of the childrens' favourite foods and other idiosyncracies. A third example came from a father who had not

been able to face the separation, but who had received praise from the social worker on the way he had prepared his children for departure.

Self-motivation of parents.

Although the encouragement of social workers may well have affected parents' ability to be present at separation from their children, it was also clear that the majority of parents who took on this onerous task had been self-motivated to do so. As Table

Table 5:40 Self-motivation of interviewed parents with their involvement at reception into care - parents interview sample 68

	Parent present		Parent absent	
	No.	%	No.	%
Parent wanted to accompany child	26	89.7	11	28.2
Parent did not want to accompany child	3	10.3	28	71.8
Totals	29	100	39	100

$$\chi^2 = 29.2 \text{ d.f.} = 3 \text{ } P = < 0.001$$

5:40 shows, for all the parents interviewed there was an extremely significant relationship between the parents' desire to accompany their child into care and their ability to make this a reality.

($\chi^2 = 29.2 \text{ d.f.} = 3 \text{ } P = < 0.001$). Comparing mothers and fathers separately, differences for mothers were still significant at the 0.01 level, and although were less so for fathers, were significant at the 0.05 level.

It can be seen from Tables 5:41 and 5:42 that 82.4% of mothers and 100% of fathers who had wished to accompany their children actually went with them on the day they were received into care. The corollary of this was that 87.8% of mothers and 58.3% of fathers who did not wish to accompany their children did not go

Table 5:41 Self-motivation of mothers with their involvement at reception into care - mothers interview sample 44

	Mother present		Mother absent	
	No.	%	No.	%
Parent wanted to accompany child	14	82.4	6	22.2
Parent did not want to accompany child	3	17.6	21	87.8
Totals	17	100	27	100

$$\chi^2 = 20.6 \text{ d.f.} = 3 \text{ } P = < 0.001$$

Table 5:42 Self-motivation of fathers with their involvement at reception into care - fathers interview sample 24

	Fathers present		Fathers absent	
	No.	%	No.	%
Parent wanted to accompany child	12	100	5	41.7
Parent did not want to accompany child	-	-	7	58.3
Totals	12	100	12	100

$$\chi^2 = 9.9 \text{ d.f.} = 3 \text{ } P = < 0.05$$

with them on this day. Three of the six mothers who had not accompanied their children, though they had wished to do so, explained their absence in terms of a last minute panic. The five fathers who were also unable to go, although they had wished to do so, said they had been presented with a conflict between taking a day off from work and going with their children. It was unfortunate that, in these cases, no alternative provision could have been made whereby children might have been received into care at a week-end or in the early evening.

It might well be argued that the parents who were more able to participate in their children's placement were those who would also have been more able to secure their quick return from care. The

evidence from this study however, would suggest that such an argument is fallacious. As the Tables 5:43 and 5:44 show, in both the interview and the total samples, on a return/non-return dichotomy, there was no significant relationship between parental involvement at reception into care and return from care. In the interview sample, although 48.0% of the children who had been accompanied by one or both parents returned home, 54.0% remained in care. In the total

Table 5:43 Involvement of parents at reception into care with return from care - families interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
One or both parents present	12	48.0	19	52.0
Both parents absent	13	52.0	18	48.0
Totals	25	100	37	100

$$X^2 = 0.60 \text{ d.f.} = 1 \text{ } P = < 0.50 \text{ not significant}$$

Table 5:44 Involvement of parents at reception into care with return from care - families total sample 96

	Children returned		Children in care	
	No.	%	No.	%
One or both parents present	13	32.5	19	33.9
Both parents absent	27	67.5	37	66.1
Totals	40	100	56	100

$$X^2 = 0.48 \text{ d.f.} = 1 \text{ } P = < 0.50 \text{ not significant}$$

sample, there was again little difference; 32.5% of children had been accompanied by one or both parents in the return group compared with 33.9% in the in care group.

The lack of significance is in itself an important finding in the study. It suggests that parental concern and ability to work

towards rehabilitation should not be judged on the overt behaviour of parents at the traumatic time of reception into care. It would seem far more important to base evidence of parental capabilities on sound knowledge of individual personality and family functioning prior to reception into care, and to base any assessment of parental capabilities on the way in which parents use their individual strengths and weaknesses over a period of time. Furthermore, recognition should be given to the fact that parents may have the potential to change during the placement and to use the time away from their children as a period of growth. Above all, it is important not to stereotype parents according to their behaviour at this very traumatic time. As Parfit (1967) suggests, 'whatever the immediate reactions of the parent when a child is received into care, it is important that they should not be labelled with them as many of these early attitudes can be modified in the interests both of parents and children.'⁵⁸

Caretakers' views on the value of parents' involvement at reception into care.

As Tables 5:45 and 5:46 show, in both the total and interview samples, foster parents and houseparents held differing views on the value of parental involvement at reception into care. The reasons they gave for or against parental involvement resembled closely those given in relation to preparation for care. In the total sample, there was a very significant difference between the views of foster parents and houseparents ($\chi^2 = 49.16$ d.f. = 4 $P = < 0.001$). In the total sample, well over half the foster parents (59.6%) thought that natural parents should not be involved at reception into care under any circumstances. This compared with

Table 5:45 Caretakers' views on the value of parental involvement at reception into care with type of placement - total placement sample 189

	Foster parents		Houseparents	
	No.	%	No.	%
Definitely should not go	53	59.6	18	18.0
Should go always	23	25.8	51	51.0
Depends on child	5	5.6	27	27.0
Makes no difference	6	6.7	-	-
No experience - cannot comment	2	2.2	4	4.0
Totals	89	100	100	100

$$\chi^2 = 49.16 \quad \text{d.f.} = 4 \quad P = < 0.001$$

just under one fifth of houseparents (18.0%). By contrast, only a quarter of the foster parents advocated parental involvement, wherever possible, compared with over half the houseparents. Only a minority of foster parents (6.7%) thought involvement depended on the child, but over 27% of houseparents held this view. Six foster parents (6.7%) felt involvement made no difference, while a minority shared the view of houseparents, that their lack of experience prevented them from making comments.

The pattern was reflected but with less exaggeration in the interview sample, where differences were significant at the 0.05 level. 42.9% of foster parents thought that parents should not be involved at reception into care, a view shared by only 19% of houseparents. Half of the houseparents thought that parents should always go with their children when they went into care, but this view was only held by 39.3% of foster parents. As in the total sample, considerably more houseparents thought that consideration should be given to the individual child.

Table 5:46 Caretakers' views on the value of parental involvement at reception into care with type of placement - interview placement sample 70

	Foster parents		Houseparents	
	No.	%	No.	%
Definitely should not go	12	42.9	8	19.0
Should go always	11	39.3	21	50.0
Depends on child	2	7.1	12	28.6
Makes no difference	2	7.1	-	-
No experience - cannot comment	1	3.6	1	2.4
Totals	28	100	42	100

$$\chi^2 = 10.69 \quad \text{d.f.} = 4 \quad P = < 0.05$$

As Tables 5:47a and b and 5:48a and b show, in both the total and the interview sample, there was no difference between the attitudes of foster parents or houseparents in the return and in care groups. Although foster parents in the return group in both samples tended to favour parental involvement at reception into care more than those in the in care group, by contrast with houseparents whose views were evenly distributed between both groups, overall, differences were not significant at the 0.05 level.

These findings suggest two factors. Firstly, there were indications even at this early stage in the caring process, that the attitudes of foster parents were influenced by their wish to pursue an exclusive parenting role. There was no evidence that the in care group of houseparents shared this attitude. Secondly, in spite of this difference, it seemed that, in general, the attitude of caretakers towards the involvement of natural families at reception into care was not significant in indicating for or against return.

Tables 5:47 a and b Foster parents' and houseparents' views on parental involvement at reception into care with return from care - total placement sample 189

a) Foster parents - 89

	Returned		In care	
	No.	%	No.	%
Definitely should go	7	43.7	46	63.0
Should go always	8	50.0	15	20.5
Depends on child	1	6.2	4	5.5
Makes no difference	-	-	6	8.2
No experience	-	-	2	2.8
Totals	16	100	73	100

$\chi^2 = 6.99$ d.f. = 4 $P = < 0.50$
not significant

b) Houseparents - 100

	Returned		In care	
	No.	%	No.	%
Definitely should go	7	19.4	11	17.2
Should go always	17	47.2	34	53.1
Depends on child	12	33.3	15	23.4
Makes no difference	-	-	-	-
No experience	-	-	4	6.3
Totals	36	100	64	100

$\chi^2 = 3.30$ d.f. = 3 $P = < 0.50$
not significant

Tables 5:48 a and b Foster parents' and houseparents' views on parental involvement at reception into care with return from care - interview placement sample 70

a) Foster parents-28

	Returned		In care	
	No.	%	No.	%
Definitely should not go	3	27.3	9	52.9
Should go always	7	63.6	4	23.5
Depends on child	1	9.1	1	5.9
Makes no difference	-	-	2	11.8
No experience-	-	-	1	5.9
Totals	11	100	17	100

$\chi^2 = 5.79$ d.f. = 4 $P = < 0.50$
not significant

b) Houseparents - 42

	Returned		In care	
	No.	%	No.	%
Definitely should not go	5	26.3	3	13.0
Should go always	9	47.4	12	52.2
Depends on child	5	26.3	7	30.4
Makes no difference	-	-	-	-
No experience-	-	-	1	4.4
Totals	19	100	23	100

$\chi^2 = 1.89$ d.f. = 3 $P = < 0.90$
not significant

This may well indicate that any desire to exclude natural parents has to take into account the developing relationship between child and caretakers. These two aspects will be explored further in Chapters 6 and 7.

Caretakers were asked to describe their positive and negative reasons for or against parental involvement. On the positive side, caretakers repeated the reasons they had given in relation to preparation for care. They stressed the reassurance which parental involvement brought for both parents and children, and the value of learning about children's habits directly from parents. The following comments represent some of their views:

A housemother: How would you feel if your own mother dumped you on the doorstep and walked out? Of course parents should come with their children, but they should also stay and see them settled in.

A foster mother: I think it's bad for the child, but I can deal with that anyway - but it's good for you, you don't get a feeling of possession when the parents come with their children, you're reminded that it's not right to feel like that because the child is not yours.

A housemother: Of course parents should come. I'd want to see who were the people who were looking after my bairns, wouldn't you?

On the negative side, both houseparents and foster parents felt the absence of parents would protect children from unnecessary distress. Foster parents felt particularly uncertain about facing such scenes as the following comments show:

A foster mother: It would be too upsetting - I couldn't have coped with a parent who was trying to drag themselves away.

A housemother: It's pretty nasty if it's the first time the children are away from home. It doesn't make the child any easier coming with his mother. Being left in a strange home by your mother could be the last straw for some. I think that houseparents should go

to fetch children from their own homes.

Timms (1969)⁵⁹ has suggested that foster parents may sometimes feel guilty in taking over the parental role. There was evidence that this feeling was present in both the study foster parents and houseparents. The presence of natural parents inhibited the spontaneous interchanges between caretakers and children.

A housemother: If the parents come sometimes children scream the place down. When they come you feel you can't take the child to comfort it. When they don't come you can cuddle the child in your home.

A foster mother: It's difficult to make a relationship with the child when the parents are there. You don't know whether you should take them to you if they cry, or whether it should be the parents.

Some caretakers were able to appreciate the difficulty which parents might face in having to leave their children with others.

A housemother: It must be the worst thing in the world to leave your bairns, to hand over your child to someone else. You're caught between wanting to protect the child, but at the same time, make sure the parents know you are on their side.

At least three foster parents did not hold such charitable views. They felt that by the very act of letting their children be received into care, natural parents had shown their unworthiness and, therefore, should receive little sympathy.

A foster father: I can't imagine a parent that can be interested in what foster home a child goes to, except perhaps a father who has lost his wife or someone who is in hospital.

A foster mother: Anyone who walks away and leaves their children has no intention of being good; I couldn't hand over my child. If they can do that, the child knows that he's not wanted.

Filial deprivation of the study parents at reception into care.

While the concept of maternal deprivation is fairly widely accepted, only recently has it been recognised that on separation

from their children, parents may experience 'anxiety, depression and detachment, comparable to that experienced by the children' (Jenkins 1967).⁶⁰ Furthermore, such responses may represent normal defence mechanisms which are evoked to combat the pain of separation.

An exploration of this concept of filial deprivation would seem important for several reasons. Firstly, it might give a clearer understanding of the emotions parents experience on being separated from their children. Jenkins and Norman (1969) believe that parents need to understand and come to terms with their separation experiences, if rehabilitation is to be successful. They suggest that 'unless expressed needs and feelings have been worked out so that the parent can understand the placement experience, it is likely that the trauma suffered by the child upon separation from the mother or father will only be reinforced upon return by the unresolved problems suffered by the parent upon separation from the child.'⁶¹

Secondly, Jenkins and Norman suggest that the filial deprivation of natural parents at reception into care may have predictive value in relation to rehabilitation. A greater understanding of parents' experiences may help social workers devise the most appropriate programme of intervention.⁶²

The study parents were asked to describe spontaneously the feelings they had experienced on separation from their children. Table 5:49 shows the range of seven main emotions experienced by parents at this time. The most predominant emotion for both mothers and fathers was that of anxiety, experienced by all the parents in the study. For mothers, this was closely followed by feelings of distress (84%) and guilt (79.5%). While the majority of fathers also experienced distress (83.3%), their emotions were

Table 5:49 Emotions experienced by parents at reception into care
- all parents interviewed 68

	Mothers (44)		Fathers (24)	
	No.	%	No.	%
Sadness/disappointment	37	84	20	83.3
Anxiety	44	100	24	100
Sense of loss	12	27	7	29.2
Anger	23	52.3	19	79.2
Relief	28	63.6	13	54.1
Guilt	35	79.5	13	54.1
Numbness	10	27.7	4	16.6
Totals	189	434.1	103	428.9

Totals and percentages more than 68 and 100% since all parents experienced several emotions.

also permeated by feelings of anger, experienced by 79.2% of fathers. Over half the study fathers (54.1%) experienced some guilt, while 63.6% of mothers and 54.1% of fathers experienced a sense of relief. Other emotions were a feeling of loss and numbness, experienced by between 20-30% of both mothers and fathers.

Parents were asked to elaborate on their feelings and indicate the principal target of their emotions. Tables 5:50a and b show that emotions were experienced in relation to four main categories, separation, self, others and in general. These categories were termed 'feeling referrants', and as Tables 5:50 a and b show, the different emotions tended to be directed towards particular referants. Feelings of sadness were felt about the separation or were generalised. Anxiety was highly focused towards children and in this category, parents displayed an overwhelming concern was for their children's welfare and adjustment to separation. Feelings

Table 5:50a Emotions and feeling referents experienced by mothers - interview sample 44

	Sadness		Anxiety		Loss		Anger		Relief		Guilt		Numbness	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Separation	16	43.2	4	9.1	-	-	6	26.0	13	46.4	13	37.1	6	60.0
Self	5	13.5	3	6.8	2	16.7	-	-	13	46.4	20	57.1	-	-
Others	4	10.8	35	79.5	1	8.3	16	69.6	1	3.6	1	2.9	-	-
General	12	32.4	2	4.6	9	75.0	1	4.4	1	3.6	1	2.9	4	40.0
Totals	37	100	44	100	12	100	23	100	28	100	35	100	10	100

Table 5:50b Emotions and feeling referents experienced by fathers - interview sample 24

	Sadness		Anxiety		Loss		Anger		Relief		Guilt		Numbness	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Separation	13	65.0	4	16.7	-	-	4	21.1	2	15.4	6	46.2	2	50.0
Self	2	10.0	1	4.2	-	-	5	26.3	9	69.2	7	53.8	-	-
Others	1	5.0	17	70.7	-	-	10	52.6	-	-	-	-	-	-
General	4	20.0	2	8.4	7	100	-	-	2	15.4	-	-	2	50.0
Totals	20	100	24	100	7	100	19	100	13	100	13	100	4	100

Note: Percentages expressed as percentages of each emotion.

of loss were generalised and though these related to a minority of parents, where they were experienced, it was with considerable intensity. Anger was directed mainly towards others, with social workers or Social Work Departments as the main target but, in the cases of two mothers and one father, anger was directed against spouses and in the case of six mothers and five fathers anger was self-directed where parents blamed themselves for the separation. Parents who experienced relief and guilt at reception into care expressed this in relation to themselves or the separation, while feelings of numbness were generalised or related to the separation.

Support for these findings comes from the work of Jenkins and Norman (1972).⁶³ While account must be taken of cultural differences between the American study and the present study, it is possible to make some general comparisons. Jenkins and Norman found that sadness and anxiety were experienced most frequently by parents followed by feelings of anger and relief.

Guilt was not experienced as widely as in this study but where it did exist, it was felt more by mothers than fathers. Further confirmation of feelings of distress experienced by British parents at reception into care comes from Thorpe (1974).⁶⁴ In other respects, Thorpe's study differed in that parents showed very little anxiety about their children nor did they experience to any large degree feelings of anger, whereas in both the American and the present study, feelings of anxiety and anger predominated amongst parents whose children had returned home.⁶⁵ Thorpe's sample was confined mainly to parents whose children were in long term care and included only a minority whose children had returned from care, a factor which may account for the different dominance of

particular emotions.

Some of the emotions of filial deprivation have already been described in relation to necessity for care and parental involvement on the day children went away. The following comments supplement those already given and show very clearly the intensity of feeling experienced by parents at this time.

Sadness.

This emotion not only included feelings of distress, but also the considerable sense of disappointment or failure.

A mother: I greeted and greeted the day the bairns went away. I said to myself here was I, their mother, yet I couldn't look after them. What a mess I'd made of things.

A father: I think the worst thing that can happen to you is to have the bairns taken away. I suppose I felt I'd let myself down and the bairns. I think it was the worst day I've ever had when they went away. I wouldna' tell anyone at the time, but there was a wee tear in my eye when I left them at the home.

Anxiety.

This emotion was experienced by all the mothers and fathers in the study. For the most part it was expressed by a conscious concern about where children would be eating, sleeping and living. Some parents were able to dispel some of this anxiety by going with their children on the day they went away and for four parents, a preparatory visit before reception into care had considerably eased their minds. In some cases, anxiety was concentrated on the parents' own problems, particularly if an admission to hospital or prison was causing care. Seven mothers and two fathers said they had been overcome with a general sense of anxiety which was completely paralysing.

A mother: I was that worried about the bairns. I wondered if they'd be alright, they'd never been away from me before you see, I couldna' sleep all night for thinking about them.

A father: I wasna' so much worried about mysel' ye ken, but mair for the bairns. I knew it was for the best, because I couldn't look after them. But I still wondered how they would settle without me.

A mother: I was sick with worry. I canna' really remember much about the day, apart from - it was dreadful. I'd lost my husband and my children all in one week. There didn't seem to be much more that could happen to me.

Loss.

27% of mothers and 29.2% of fathers said they had experienced an acute sense of loss when their children went away. In some cases, this had resulted in considerable depression after the children were received into care, which in the case of one mother had resulted in psychiatric treatment. A widowed father said he had felt the absence of his children acutely since their reception into care represented the loss of his whole family.

A father: It seemed to me that when the bairns went away that was my whole family gone. I couldna' describe how I felt - that empty and just left like. The Doctor took me on the sick for two or three weeks, I couldna' seem to concentrate at my work. They were very understanding. If I had've lost my job as well, I don't know where I would have been. When the bairns come home for the weekend, I still get that feeling - but it's not half so bad now as it was when they first went away.

Anger.

Several fathers expressed considerable animosity towards Work Department, who in their view, had caused unnecessary reception into care. In some cases, it was clear that parents had used their anger to motivate them towards return of their children, but in other cases, anger had been frustrating, and to some extent

disabling. For five fathers, anger included a sense of self-blame

A father: I was mad at everyone, Mrs. Jordan (social worker), my wife and myself. I was also mad at my sister and her husband for not taking the bairns. Naebody wants to give you help when you really need it.

A father: It was the Welfare's fault that they bairns were took away. That's all I can say. I was that mad they had to go into care when it could have been prevented. We got no help from the Welfare when we really needed it.

Relief.

In general, the parents who expressed this emotion tended to be those who were in a state of considerable crisis at the time of reception into care. It has already been shown that many of these parents felt reception into care was absolutely necessary. Others, who were not so sure, expressed relief in conjunction with anxiety and guilt.

A mother: I felt everything really, I was mad at myself, I felt that bad that the bairns had been taken away. At the same time it was a relief to know they were going to be well looked after. I had that much on my mind at the time, I didna' really care where they were. It was a great relief to know the Welfare would look after them properly.

Guilt.

This emotion was often coupled with others, particularly feelings of distress or disappointment. It was closely related to the feelings of anger and self-blame experienced by fathers.

A father: No-one knows how you feel until the bairns go away. You realise then what a mess you made of everything. I felt that bad. I couldna' go and see them - the shame of seeing my bairns in a home.

Numbness.

A minority of parents were stunned by the experience of reception into care. Some had hoped that it would be averted and were taken by surprise when children actually went away. Parents who had

been evicted had hoped that the eviction would be stopped, while one unmarried mother had hoped that accommodation would be found for her and her new-born child.

A mother: I was shattered. That's the only way to describe it. I couldna' believe it had happened to me. It took me a week to realise that the bairn had really gone away.

Experiences of filial deprivation as a predictive factor for rehabilitation.

While parental involvement on the day children go into care may not be a predictive factor in relation to their return, the emotions experienced by parents on this day may be of far more significance. Jenkins and Norman (1969)⁶⁶ found that parents who were able to externalise emotions and, in particular, were able to express emotions of anger or anxiety, were more likely to have children returned than those who internalised emotions and expressed feelings of relief and guilt. Further evidence that the sense of loss and guilt may be disabling comes from Kay (1970), who found that after children had been removed compulsorily, fathers 'tended to deteriorate considerably towards a workless, homeless, alcoholic existence.'⁶⁷ Although angry parents may present more problems for social workers, in Donadello's opinion (1969), 'parents who experience anger directed towards others as differentiated from self-directed anger, may have more potential for objective catharsis than parents who passively accept placement, view it as necessary and have internally directed feelings of anxiety, nervousness, guilt etc.'⁶⁸

In this study, an attempt was made to evaluate Donadello's suggestion by comparing the distribution of parental emotions in parents whose children were in care and those whose children had returned home. The original intention had been to correlate the

emotions of the two groups in a multiple correlation analysis. Numbers proved too small to have any validity. It was possible to illustrate the different distributions of emotions experienced by parents in the in care and return groups in the form of two graphs. Table 5:51 and Table 5:52 show an observed relationship between emotions experienced by both mothers and fathers. It can be seen from the two graphs that both mothers and fathers in the return

Table 5:51 Percentage distribution of emotions expressed by mothers in the return and in care groups - interview sample 44

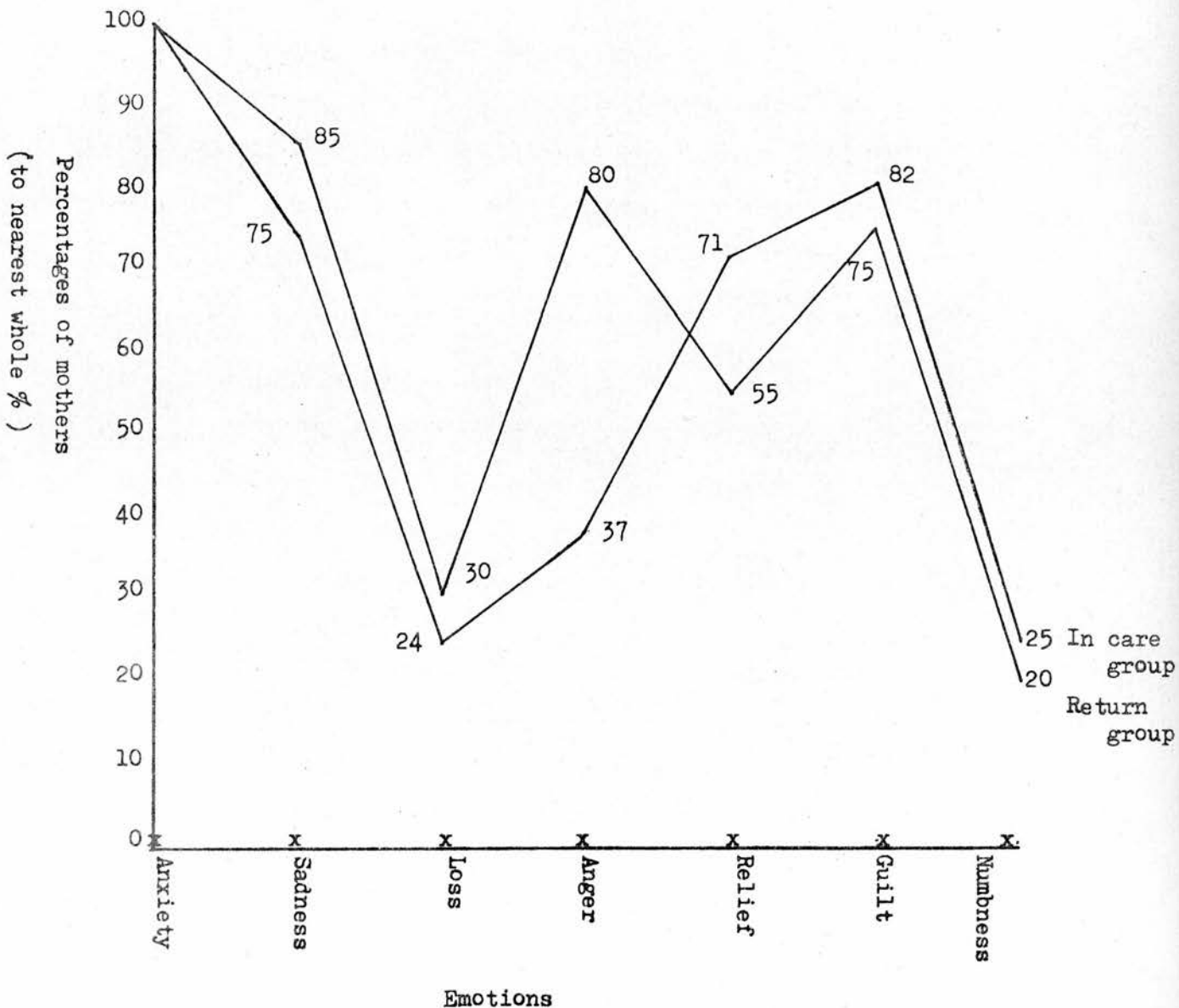
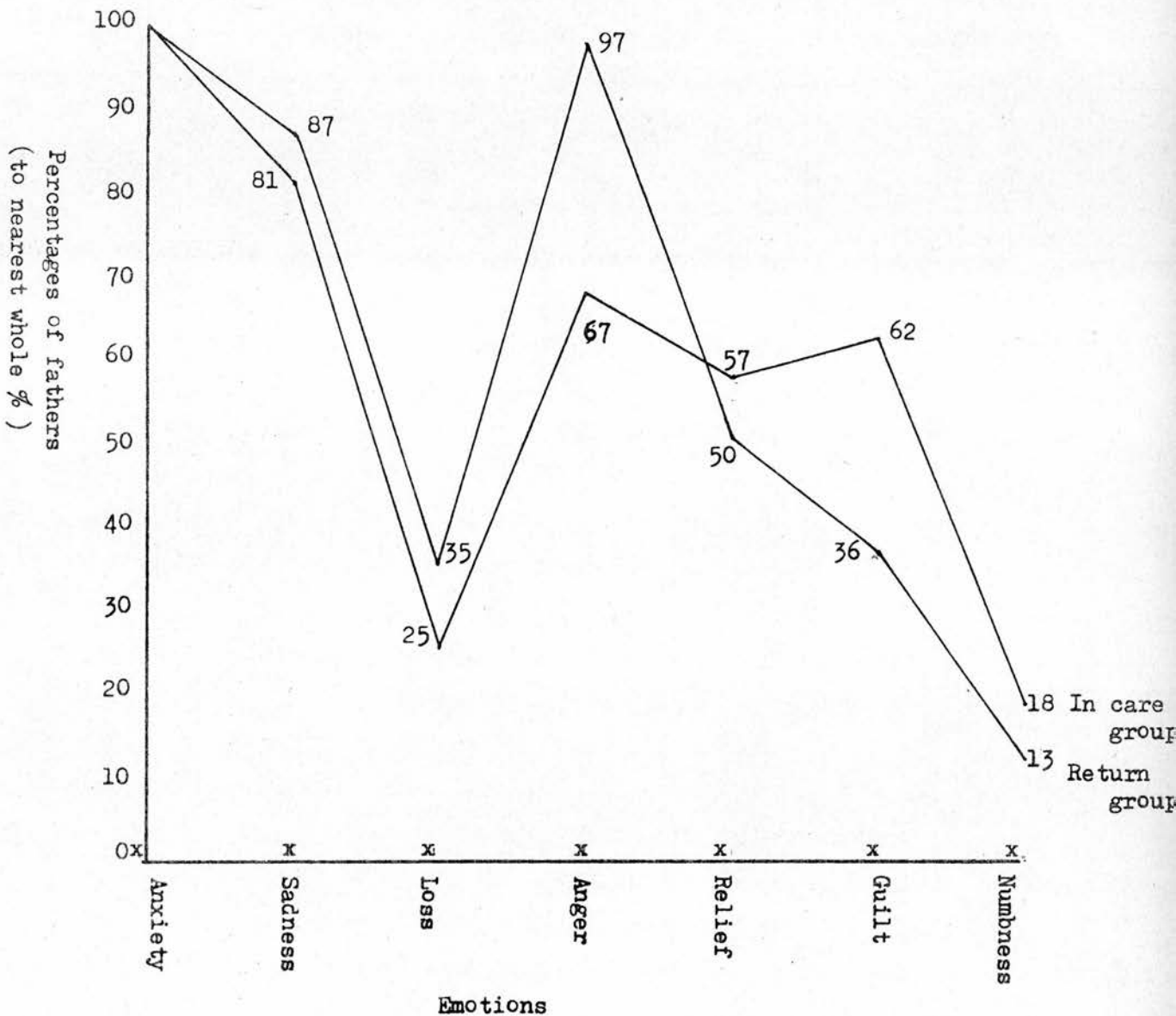


Table 5:52 Percentage distribution of emotions expressed by fathers in the return and in care groups - interview sample 24



group experienced a different distribution of emotions from those in the in care group. While the emotion of anxiety was shared by all the interviewed parents in the study, feelings of sadness, anger and loss were experienced more by parents in the return group. It is of interest that anger was felt by all the fathers in the return group. By contrast, less sadness was experienced by both mothers and fathers in the in care group, but considerably more relief and

guilt and slightly more feelings of numbness.

Several factors can be drawn from the findings of the two graphs. Although anxiety was experienced by 100% of the study parents, it may have been that the type of anxiety experienced by parents in the return group differed from that experienced by those in the in care group. Combined with feelings of anger and a sense of family incompleteness, the externalised anxiety of the return group might have been mobilised to effect return from care. By contrast, the anxiety in the in care group seemed far more internalised. The sense of loss was not felt so acutely, but parents felt guilty and stunned by the event of reception into care. Above all, amid their anxiety they felt a sense of relief. The experience of relief automatically implies release or detachment from previous discomfort. The combination of this emotion with the other internalized feelings experienced by parents in the in care group might well have placed them in danger of being unable to retain both psychic and physical links with their children.

The implications of these findings are that parents who can express more outward emotions of anger, anxiety and loss, may be more easily able to retain psychic links with their children and may need a different social work approach from those who internalise their emotions, thereby exposing themselves to possible detachment from their children. The passive parent who appears uninterested in his child at reception into care may be the one who needs more active social work intervention at an early stage in the caring process.

The study parents' own motivation for rehabilitation.

Jehu (1963) has suggested that plans for a child's stay in care should be made at the earliest possible opportunity, in full consul-

tation with parents who often know what is in the best interests of their children.⁶⁹ At reception into care, many parents will have their own plans for a child's length of stay in care, which may be important indicators of a child's actual length of stay in care. Parental motivation may act as a self fulfilling prophecy. Parents who think their children will return home quickly may be more motivated to effect an early return than those who feel the separation will be long term.

This was tested out in two ways. Firstly, parents were asked how long they had expected their children to remain in care. Their answers were validated by comparing them with parents accounts of the disposal of their children's toys at reception into care. In some cases, parents had kept their children's toys in anticipation of return. In others, toys had been sent with children or had been lost or given away. Some parents were unable to account for what had happened to the toys, and it is of incidental interest that there were four parents who said they were too poor to have bought toys, a finding which adds to the picture of fairly extensive deprivation presented in Chapter 4.⁷⁰

Since there was complete agreement between the mothers and fathers in families where both parents were interviewed, both about the expected length of stay in care of their children and the disposal of children's toys, information was correlated on a family basis. As Table 5:53 shows, there was a significant relationship between families' disposal of children's toys and the children's expected length of stay in care ($\chi^2 = 29.75$ d.f. = 16 $P = < 0.05$). In 75% of cases where families had sent toys with children, and in 83.4% of cases where they did not know what had happened to the toys, the

Table 5:53 Parents' prediction of length of stay with disposal of children's toys - families interview sample 62

	Sent toys with Children		Kept toys		No toys		Don't know	
	No.	%	No.	%	No.	%	No.	%
A few weeks	2	10.0	9	34.6	2	50.0	1	8.3
Less than 1 year	3	15.0	11	42.3	2	50.0	1	8.3
Length indefinite	15	75.0	6	23.1	-	-	10	83.4
Totals	20	100	26	100	4	100	12	100

$$\chi^2 = 29.75 \text{ d.f.} = 16 \text{ P} = < 0.05$$

Table 5:54 Disposal of children's toys with return from care - families interview sample 62

	Children returned		Children in care	
	No.	%	No.	%
Sent toys with children	5	20.0	15	40.5
Kept toys	17	68.0	9	24.3
No toys	2	8.0	2	5.4
Don't know	1	4.0	11	29.8
Totals	25	100	37	100

$$\chi^2 = 13.03 \text{ d.f.} = 3 \text{ P} = < 0.01$$

expectation had been that length of stay in care would be indeterminate. By contrast, in 76.9% of cases where families had kept toys, they had expected children to return within one year.

As Table 5:54 shows, when the disposal of children's toys by families was compared on a return/non-return dichotomy, there was a very significant difference between the in care and return groups. ($\chi^2 = 13.03 \text{ d.f.} = 3 \text{ P} = < 0.01$) Children tended to return home to families who had preserved their toys in anticipation of their return. In 68% of families in the return group toys had been

retained, compared with only 34.3% of families in the in care group. Twice as many families in the in care group as in the the return group (40.5% compared with 20%) had sent childrens' toys with them at reception into care and more parents in the in care group were unable to remember what had happened to toys.

These findings are, at best, a fairly crude estimation of parents' motivation for return from care, but they do suggest that parents in the return group had expected children to return home within a fairly short time. It would seem reasonable to conclude, therefore, that parents' own plans and motivation for return may have made a significant contribution to the rehabilitation process.

Summary and conclusions

Reception into care is considered important for two reasons: it marks the point of separation of parents and children and it is the time when patterns of interaction between parents, social workers and caretakers are established. The aim of this chapter has been firstly, to identify and evaluate in what way the involvement and expectations of parents, the activity of social workers and the attitudes of caretakers towards reception into care contributed to the study children's stay in care and secondly, to investigate the meaning of reception into care for the study parents and caretakers.

The influence of parental involvement and expectations on return

It can be seen from Table 5:55 that the manner in which families were referred to the Social Work Departments, the extent to which they were involved for reception into care and their involvement both in the preparations for their children's care and on the actual day of separation, did not significantly affect children's length of stay in care.

Table 5:55 Summary of the significance of parental involvement and expectations on return from care - total sample 222 and interview sample 62 and 68

	Significance level total sample	Significance level interview sample
<u>Parental involvement</u>		
Referral by family/others	0.50	0.50
Decision for reception into care by parents/others	0.50	0.50
Sustained social work contact prior to reception into care/ none or little contact	0.50	0.50
Preparatory visits by parents/ children	0.50	0.50
Parents present at separation/ absent	0.50	0.50
a) Social work encouragement influences parental involvement	-	<u>0.001</u>
b) Parental motivation influences involvement	-	<u>0.001</u>
<u>Parental expectations</u>		
Care necessary/not necessary	-	0.50
Expect early return	-	<u>0.01</u>
Keep toys/discard toys	-	<u>0.01</u>

The lack of significance attached to the manner of referral to Social Work Departments and the way in which parents were involved in the decision for reception into care, may well relate to their socio-economic circumstances and the stigma attached to asking for help in a society which places a high value on successful child rearing. Thorpe (1974) suggests that 'because of their economic deprivation, it is possible that natural parents have a history of stigmatising experiences and that this may cause them to avoid initiating contact with the authorities responsible for

the care of their child and instead to wait passively for reassurance from those authorities that they are valued in their role of parents'.⁷¹ The reluctance to seek help expressed by some of the study parents would seem to endorse this viewpoint.

The second way in which parents may be involved in their children's admission to care is by making preparatory visits to the placement. The value of such visits lies in their provision of continuity for children and their reassurance for parents that caretakers will not usurp the parental role. Contrary to the theoretical emphasis on preparation for care, only a minority of parents or children had the opportunity of making preparatory visits to placements. Although the absence of some parents who were in desertion or who were ill limited their participation, in over 90% of cases, preparation for care would have been theoretically possible yet was offered to only 8.2% of families.

Only a quarter of the study parents attributed any value to pre-placement meetings between parents, children and caretakers. Although this group included the four parents in the interview sample who had experience of this facility, their numbers were not large enough for any meaningful conclusions to be drawn. The majority believed that pre-placement visits would only have increased anxiety about the impending separation from their children or have distracted them from their preoccupation with their own problems. In view of the dearth of pre-placement visits, it is hardly surprising that they were of no significance in indicating for or against return from care.

Parental involvement on the day children are received into care

is valued in theory for the same reasons as pre-placement involvement, but in this study the presence of one or both parents at reception into care was in no way significant in either the total or the interview sample in indicating for the return of children from care.

Parents who were interviewed were divided in their views on the value of parental involvement. Many related their views to their own experiences at reception into care; some found involvement reassuring for both themselves and their children; others, who had been unable to face the separation deprecated its value. In many cases, irrespective of whether parents were present or absent at reception into care, there were strong indications from their comments that the experience of reception into care both distorted and disabled normal functioning. This finding has important implications for social work practice and suggests that any evaluation of parental capacity for rehabilitation should not be based on what may be atypical reactions at a time of stress. It may be far more important for social workers to trace the pattern of family functioning over a considerable period of time before reception into care and to take account of the strength of parental motivation for the return of children from care. As Table 5:55 shows, the parents' own prediction of their children's length of stay in care was the only significant factor indicating for or against return at this time.

Reception into care is a two-part process. On the one hand there is the preparation for the placement, but before this takes place, the social worker is urged to explore with parents the advisability

of reception into care. Although almost 90% of the interviewed parents had been given the opportunity to discuss alternatives to reception into care before a decision was made, this type of social work activity was not significant in indicating for or against return. Although a discussion of this type may be useful in clarifying a family's plans or attempting to assess the length of children's stay in care, it may have far less significance in influencing the outcome of care than the family's social circumstances which have led to the actual admission.

Apart from exploring the advisability of reception into care and attempting to formulate plans for children's stay in care, social workers also have a role in encouraging the participation of the natural parents. Over half the sample of interviewed parents had been encouraged by social workers to be present at the time of their children's admission into care and there was evidence to suggest that social work encouragement had positively influenced parental involvement. Equally important, however, was the parent's own desire for involvement. The findings suggest therefore, that while encouragement in some form may be extremely important for all parents, equal consideration should be given to parental limitations. It was of great importance to some of the study parents that social workers had both recognised and accepted their inability to face separation from their children, yet had made them feel that their participation, however limited, was extremely valuable. The skill of the social worker may lie in being able to allow parents to maximise their potential for involvement in the way that is appropriate to each individual.

Alongside social workers, caretakers have an important part to play in conveying to a natural parent their acceptance and appreciation of the parents' concern. What emerged from the study was that the pain of witnessing the parting between children and parents was as painful for many of the study caretakers as it was for the parents themselves. It is therefore hardly surprising that the caretakers shared natural parents' scepticism about the value of pre-placement meetings. More than 50% of houseparents and 80% of foster parents saw little value in this type of activity. The majority based their reservations on a desire to minimise distress for both parent and child. A minority of foster parents were also motivated by a desire to see themselves as the child's natural or adopted parents, a desire that could only be frustrated and inhibited by the presence of the natural parents. Social workers may need to recognise that reception into care is often as difficult for caretakers as it is for natural parents and that both may need considerable support. As Stevenson (1968)⁷² has pointed out, the needs of children, parents and caretakers at this time place considerable demands on the social worker but unless these needs are met, the pattern of interaction established between children, parents and caretakers at reception into care may affect adversely the process of rehabilitation.

In assessing the needs of parents at reception into care, it is of particular interest to note that the reactions of the study parents were characterised by their diversity, with the exception of anxiety and distress which formed an important part of the

range of emotions experienced by all parents. Others felt angry, guilt-ridden, relieved or depressed. Without exception, reception into care was remembered as a day of trauma. Jenkins and Norman (1969)⁷³ have suggested that an externalisation of emotions such as anger or anxiety may act as a facilitating factor in the rehabilitation process, whereas an internalisation of emotions such as relief, guilt or depression may indicate for a more lengthy stay in care. There was some indication that parents in the return group had expressed more externalised emotions at reception into care but anger expressed about care that was considered absolutely unnecessary did not indicate for return. Rather than acting as predictors of return as they stand, these findings on the nature of parental emotions may be more usefully employed in indicating to social workers that parents who internalise emotions and are unable to participate in their children's admission to care are those who may be in most danger of detaching themselves from their children and may therefore need more consistent social work encouragement early in the placement.

In conclusion, it may be said that reception into care is an extremely important time for all concerned; not because it offers predictive factors about children's length of stay in care, but rather because the events of this time represent an atypical situation. Social workers may need to bear in mind the abnormality of parent functioning at reception into care when assessing the probability of rehabilitation. Furthermore, the onus lies heavily on social workers to evaluate the needs of each individual family and to communicate these needs to those who will be receiving the children into their day to day care.

Chapter 6

Contact between parents and children in care

Introduction

Recognition that contact between the child in care and his parents is necessary 'to pave the way for rehabilitation'¹ is a twentieth century phenomenon. Indeed, the very concept of rehabilitation was not made explicit in the legislation until the passing of the 1963 Children and Young Persons Act.²

The review of social work research into parental contact in Chapter 2 revealed that there was almost unanimous endorsement of the value of contact between parents and children in care.³ Further support comes from social work literature, emanating from Britain and the United States of America in particular.⁴ There are six established reasons why contact between parents and children in care is considered valuable. These have been well documented by Holman (1973)⁵ and Thorpe (1974)⁶.

The first two reasons are that parental involvement reassures a child he is not being rejected at reception into care and 'promotes his adaption to and feelings of security within the foster home.'⁷

The third reason for the maintenance of parental contact during care is that it increases a child's understanding of the need for placement and may thereby lessen the stigma of his being in care. Parfitt (1967) suggests that, 'if regular contact with parents is maintained a child may be able to reason for himself why he cannot live at home with them.'⁸ Furthermore, an understanding of the reasons for admission to care may enable the child 'to be more realistic about the qualities of his parents and to avoid the extreme idealisation of them which is sometimes found in children who, in the

absence of contact, resort to a fantasy relationship with their parents.⁹ An acceptance of the reality situation guards against a child's disillusionment at a later age and promotes meaningful relationships with other adults.¹⁰

Fourthly, there is considerable research evidence to suggest that contact with parents promotes a child's intellectual and emotional development.¹¹ To promote his well-being, the child needs a clear sense of identity which it is argued can best be supplied by his parents. Macintyre (1970) maintains that 'the child needs to have repeated reassurance from his own parents about his background so that he can perceive himself in relation to parents and in relation to himself at an earlier age.'¹² Research evidence to support this claim comes from Weinstein (1960) who established that 'the average well-being of children whose natural parents visit them regularly was significantly higher than children who did not have contact with their natural parents. This was the case even when the children had been in foster homes most of their lives and identified predominantly with the foster parents.'¹³ Cowan and Stout (1939), Jenkins (1969) and Holman (1973) claim a similar association between contact and emotional adjustment in foster care,¹⁴ while Pringle (1965 and 1967) provides evidence from residential care.¹⁵

The fifth value of contact is that it reinforces the natural parents' role and encourages caretakers not to regard themselves as natural parents. Such role clarity allows the child to settle in the placement and prevents his exposure to a potential conflict of loyalties between two sets of 'parents'.

The final value attributed to parental contact is that it facilitates a child's return home. Through his understanding of the

placement, and his recognition that his parents have not deserted him, a child may more easily be able to accept his separation from them. When the time comes for his return home, he may be able to look forward to this without fear of further rejection.

To these six reasons can be added a further two. Both relate to the process of filial deprivation.¹⁶ This is described by the DHSS Guide to Fostering Practice. 'The parents anxiety and concern to act positively on the child's behalf will be most intense when separation is either imminent or has just occurred. But within a very short time, anxiety and the very real opportunity to forge the positive social work intervention will give way to a depression, soon to be counter-acted and rationalised by detachment. Once detachment establishes itself, the parents may continue to reorganise their lives so that they actively exclude the child or reduce the number of practicable opportunities for including the child in their new life style.'¹⁷ Maintaining contact with children in care enables parents more easily to find the delicate balance between closing ranks sufficiently to allow for adequate family functioning and retaining a place for absent children within the family group.

The second reason derives from the first. The involvement of parents during the time they are most concerned and anxious about their children can do much to assuage their feelings of guilt and to provide reassurance that 'the absent parent continues to hold an important place in the child's inner life.'¹⁸ Contact with caretakers reaffirms reality and helps dispel any fantasies natural parents may have that their parental role is being usurped. With self-esteem regained early in the caring process, the parent may

be more likely to continue contact in a constructive way.

The above reasons provide cogent arguments why contact between parents and children in care is an important part of the rehabilitation process. Empirical evidence to demonstrate 'the centrality of visiting as a key element in the return of children to their own homes' comes from the work of Fanshel (1975)¹⁹ who found an impressive relationship between visiting and discharge of children from foster care over five years.

Recognition of the value of parental contact also acknowledges potential difficulties. It is suggested by Kline and Overstreet (1972)²⁰ that some parents may find it extremely difficult to maintain contact; the person who does not have sufficiently good parenting in his own childhood to enable him to achieve adequate parenthood may find it particularly hard to accept his children's reception into care. Any parent who experiences guilt and a sense of failure on reception into care may be equally vulnerable. Kline and Overstreet (1972) cite several ways in which parental feelings may be displayed. Some parents may fail to keep appointments to visit their children or visit on impulse. Some may express their feelings through criticism of the caretakers. The more guilty the parent feels the more aggressive his behaviour tends to become towards those trying to help. Some may overindulge their children with unrealistic promises, gifts or permissiveness. Some express their emotional dependence on the child with inappropriate confidences, physical seductiveness and the like. Or they may express competition by setting up a triangular struggle among child, self and foster parent or self, foster parent and agency. Finally, some develop a secretive

dependent relationship with the surrogate parents - temporarily satisfying to both, but doomed to failure by the extent of the underlying needs and the ultimate excessive demands of the parent.'²¹

Haggstrom (1964) would argue that the cause of such behaviour may be poverty rather than emotional deprivation in early childhood. Poverty cannot be understood simply in economic terms. It changes the relationships of the affected persons to society and can also - although not inevitably - adversely influence their personalities. Haggstrom would therefore take issue with Kline and Overstreet, with his view that 'the dependency of the poor is not primarily a neurotic need to occupy dependency positions in social relationships, but rather it results from a deprivation of those minimal social resources, at every period of their lives, which the poor need and must therefore seek.'²²

There may be danger in adopting either of these alternatives exclusively. Parfit (1967)²³ recommends an individual approach to parents of children in care, while Holman (1974) feels that the skill of the social worker lies in being able to 'distinguish between behaviour related to early psychological disturbances and that related to a position of enforced dependency. Clearly, a wrong analysis and an attempt to treat the latter as psychological deviancy only serves to reinforce the client's sense of dependency and humiliation.'²⁴

The parents of children in care may be particularly prone to feelings of dependency. These may be assuaged if parents retain contact with their children and are reassured of their continuing importance in their children's lives.

This chapter has two aims: to see whether contact between

parents and children in care is a predictive factor indicating for the rehabilitation of children and to explore factors which may contribute to contact. In both instances, evidence will be drawn from the experience of the study parents.

Measuring parental contact.

In measuring contact between parents and children in care, several factors were taken into consideration. Firstly, contacts were defined as meetings between parent and child. Secondly, the sources of information for parental contact were the natural parents themselves and the caretakers of their children. Case files were rejected because they did not necessarily always record parental contact. Other studies of children in care particularly those by George (1970), Parker (1966), and Rowe and Lambert (1973) have pointed out the inadequacy of case records as sources of information on natural parents.²⁵ This was no less the case in this study where it was clear from the outset that there was tremendous variation in social workers' use of case records.

Using interview material as the source of factual information can lead to problems of validation. In the case of children's homes, these were answered partly by houseparents' records which gave the date of parental visits, but for foster parents and parents, answers were dependent on memory alone. One way in which the reliability of replies could be tested was to compare the answers given by caretakers and parents to the same questions. There was in fact a 98.0% agreement between mothers and caretakers and 95.5% agreement between fathers and caretakers about the patterns of parental contact.²⁶ Such a high rate of agreement would suggest that the answers given were accurate.

The third factor to be taken into consideration was that previous studies had tended not to define the period of time over which contact was measured. As George (1970) has pointed out, if parental contact is measured over several years there may be 'over-estimation of the degree of visiting'²⁷ since frequent meetings might not be consistent over the whole period of the placement. In this study, it was important to distinguish between patterns of contact experienced by children in short term and long term care. Furthermore, one of the aims of this study was to investigate the effect that the passage of time had on parental contact. Would children who were in their first year of care be seen more often by their parents than children who were in their fifth year of care for example? It was decided to confine parental contact to meetings between the child and parent which had taken place either in the year prior to rehabilitation where children had returned home, or in the year prior to the study where children were still in care. There were two further reasons for this decision. Firstly, since caretakers and natural parents were relying on their memory, it was felt that the twelve month period would allow for fairly accurate recall. Secondly, some children in long term care had been moved from one placement to another. Only two children within the study had experienced placement moves within the previous twelve months. For the majority of cases, therefore, information on the patterns of parental contact was available for the total twelve month period.

One of the disadvantages of using a fairly rigid time scale was that no allowance was made for long term changes in visiting patterns. To compensate for this to some extent, parents were asked to account for any general changes in contact which had taken

place during the present placement. Furthermore, a distinction was drawn between cases where some contact took place prior to the twelve month period and others where no contact took place in the present placement.²⁸ Unfortunately, in the total sample there was no way of investigating the point at which contact had been lost in any accurate way since many children had moved placements since reception into care, but in the interview sample an attempt was made to establish vulnerable points at which contact might be lost.

A third problem was that no standardisation of categories recording frequency of contact had been developed in previous research. Categories have ranged from Weinstein's (1960)²⁹ broader distinction between yearly contacts or less, George's (1970)³⁰ definition of frequent contacts occurring every three months and Rowe and Lambert's (1973)³¹ definition of frequent contacts being weekly or monthly. In his 1973 study, Holman³² attempted to remedy this problem by devising more specific categories. Since the aim of this study is to look at parental contact in some detail, it was decided to adopt Holman's model with some minor modifications.

A fourth problem was whether or not to distinguish between the patterns of contact of each parent. Many parents were living apart in the total sample; this meant that often only one parent had contact with his or her children. In the interview sample, there were only six families where both parents had been interviewed. Therefore, to investigate the predictive effect of parental contact with any degree of accuracy, and to use to full advantage the descriptive comments of interviewed parents, it was decided to distinguish between the contact patterns of each parent. The disadvantage of this was that the sample of interviewed fathers was rather small. This

may have affected the accuracy of the correlations to some extent. Therefore, correlations of all the parents interviewed have also been included to ensure a viable number.

Factors associated with parental contact were measured in several ways. Firstly, there was a total placement sample of one hundred and eighty nine children's homes and foster homes enumerated on the criteria outlined in Chapter 5.³³ In this sample, the contact patterns of both parents could be established. In the interview sample, this was not possible for two reasons. In some cases the parent who was interviewed did not know the whereabouts of his or her spouse. If the interviewed parents had little contact with children themselves, it was difficult for them to account for the visiting patterns of the other parent. This could have been compensated for by information from caretakers. Because of the low response rate of foster parents and the lack of a matched sample between caretakers and parents, information on the contact patterns of both parents was not available for all the families who had been interviewed. It was therefore decided to confine factual information on patterns of contact in the interview sample to parents who had been interviewed rather than families as a whole.

The interview sample took into account the fact that some children had been received into care and discharged at different times. As outlined in the previous chapter, this meant that the sixty parents interviewed were expressing views of sixty eight placements.³⁴ When parents were talking about their children's placements, there was another factor to be taken into account; that several children from the same family had been placed in different homes. This meant that the interviewed mothers were talking about fifty-

five placements, and fathers about twenty-seven placements, bringing the total number of different placements discussed by the study parents to eighty-two.

Unfortunately, as already outlined, in not every case where a parent was interviewed was a study caretaker also seen. Where views of caretakers and parents on placements were being compared, the study interview sample of eighty two was reduced to seventy. This unfortunate complexity of measurement was unavoidable in order to maximise the attitudinal answers to all those interviewed in the study.

PART I

The relationship between parental contact and children's rehabilitation from care

The influence of parental contact on rehabilitation - total sample

Looking at the total sample of one hundred and eighty-nine families, Tables 6:1 and 6:2 show that, for both mothers and fathers, contact with children was a significant factor in influencing return. On a return/non-return dichotomy, there was an extremely significant difference between the in care and return groups for contact with mothers ($\chi^2 = 44.79$ d.f. = 2 $P = < 0.001$) and a very significant difference for fathers ($\chi^2 = 15.06$ d.f. = 2 $P = < 0.01$)

If the contact within the last year is taken as a cut off point, it can be seen that 86.5% of mothers and 55.8% of fathers in the return group had seen their children at least once within this time compared with 34.3% of mothers and 32.8% of fathers in the in care group. It is hardly surprising that the involvement of fathers in the return group was much less than that of mothers considering that nearly 40% of children returned home to a one

Table 6:1 Frequency of contact between mothers and children with return from care - total sample 189

	Children returned		Children in care	
	No.	%	No.	%
<u>Contact defined frequent</u>				
At least once a week	10	40.4	10	16.0
At least once a month	11		12	
<u>Contact defined infrequent</u>				
At least 3-4 times a year	18	46.1	13	18.3
At least once a year	6		12	
<u>No contact</u>				
Less than once a year- some	5	13.5	12	65.7
none	2		74	
Parent dead			4	
<hr/>				
Totals	52	100	137	100

$$\chi^2 (\text{frequent/infrequent/no contact}) = 44.79 \text{ d.f.} = 2 \text{ } P = < 0.001$$

Table 6:2 Frequency of contact between fathers and children with return from care - total sample 189

	Children returned		Children in care	
	No.	%	No.	%
<u>Contact defined frequent</u>				
At least once a week	5	30.8	12	14.6
At least once a month	11		8	
<u>Contact defined infrequent</u>				
At least 2-4 times a year	7	25.0	8	18.2
At least once a year	6		17	
<u>No contact</u>				
Less than once a year - some	13	44.2	27	67.2
none	10		64	
Parent dead			1	
Totals	52	100	137	100

$$\chi^2 (\text{frequent/infrequent/no contact}) = 15.06 \text{ d.f.} = 2 \text{ } P = < 0.01$$

In general, mothers were less likely to have no contact with their children and where contact did exist it was more frequent.

Table 6:3 shows that on a return/non-return dichotomy, there was a significant difference in the patterns of contact between mothers and children in the return and in care groups. $\chi^2 = 8.37$ d.f. = 2 $P = < 0.05$. For fathers, as Table 6:4 shows, there was no similar significance. $\chi^2 = 2.17$ d.f. = 2 $P = < 0.50$.

	Children returned		Children in care	
	No.	%	No.	%
<u>Contact defined frequent</u>				
At least once a week	5 }	53.6	3 }	37.0
At least once a month	10 }		7 }	
<u>Contact defined infrequent</u>				
At least every 3 months	8 }	46.4	7 }	37.0
At least once a year	5 }		3 }	
<u>No contact</u>				
Less than once a year - some	-	-	5 }	26.0
none	-	-	2 }	
Totals	28	100	27	100

Taking contact within the last year as a cut off point, it can be

Table 6:4 Frequency of contact between fathers and children with return from care - interview sample 27

	Children returned		Children in care	
	No.	%	No.	%
<u>Contact defined frequent</u>				
At least once a week	2 }	55.6	7 }	55.6
At least once a month	3 }		3 }	
<u>Contact defined infrequent</u>				
At least every 3 months	- }	22.2	1 }	16.7
At least once a year	2 }		2 }	
<u>No contact</u>				
Less than once a year - some	1 }	22.2	5 }	27.7
none	1 }		- }	
Totals	9	100	18	100

χ^2 (frequent/infrequent/no contact) = 2.37 d.f. = 2 P = 0.50 not signif.

seen that 100% of mothers and 77.8% of fathers in the return group had seen their children within the previous year, compared with 74% of mothers and 72.3% of fathers in the in care group.

By contrast, taking monthly visits as a cut off point, 53.6% of mothers and 55.6% of fathers in the return group had seen their children with this frequency, compared with 37.0% of mothers and 55.6% of fathers in the in care group.

These findings reveal an obvious bias in the interview sample towards parents who had maintained at least some contact with their children. This was particularly noticeable in the interviewed fathers whose involvement in comparison to the total sample was atypical. This may be accounted for by the predominance of fathers who had retained contact with children who had remained in care.

The presence of at least one parent as an indicator for rehabilitation

If children did not see one parent they might have been compensated by receiving visits from the other. Tables 6:5 and 6:6 show the general picture of parental contact in the total sample for both the in care and return groups. Taking contact at least monthly as the cut off point, it can be seen that 46.2% of families had some contact with children in the return group compared with 27.8% in the in care group. Where contact was at least once a year, 48.0% of families in the return group had contact compared with only 25.5% in the in care group. Only 5.8% of families where children had returned home had no contact during the previous year, compared with 46.7% of those in the in care group.

In the interview sample, there were rather more cases where parents had some contact with children both in the return and in care groups. In particular, the contact in the in care group was over-represented in the interview sample. In 41.5% of families where

Table 6:5 General contact patterns of both parents with return from care - total sample 189 families

	Children returned		Children in care	
	No.	%	No.	%
One or both parents saw children at least monthly	24	46.2	38	27.8
One or both parents saw children at least once a year (less than monthly)	25	48.0	35	25.5
One or both parents had no contact with children in last year	3	5.8	64	46.7
Totals	52	100	137	100

Table 6:6 General contact patterns of both parents with return from care - interview sample 76 families*

	Children returned		Children in care	
	No.	%	No.	%
One or both parents saw children at least monthly	17	48.6	17	41.5
One or both parents saw children at least once a year (less than monthly)	18	51.4	15	36.5
Both parents had no contact with children in last year	-	-	9	22.0
Totals	35	100	41	100

*In 6 families both parents interviewed

children were in care, contact had been maintained with at least one parent at monthly intervals compared with only slightly more cases (48.6%) in the return group. Differences between the groups were more marked. In the remaining 51.4% of families in the return group, contact had been maintained with at least one parent within the previous year. This compared with only 36.5% in the in care group. No family who had been reunited in the interview sample had lost contact with children completely. Furthermore, although this is not shown in the table, each family who had been reunited had maintained contact between at least one parent and children at intervals of not less than three months during the previous year. There were 20% of families in the in care group where no contact had been maintained with either parent during the preceding year. The influence of length of stay on parental contact - total sample

At Tables 6:7 and 6:8 show contact with both mothers and fathers declined with length of stay in care. 86.4% of mothers

Table 6:7 Frequency of contact between mothers and children with length of stay in care - total sample 189

	Returned in 1 year		Returned all others		In care under 2 years		In care 2-5 years		In care over 5 years	
	No.	%	No.	%	No.	%	No.	%	No.	%
Frequently	13	40.6	8	40.0	14	48.3	6	15.8	2	3.0
Infrequently	16	50.0	8	40.0	8	27.6	10	26.3	7	10.6
No contact	3	9.4	4	20.0	7	24.1	22	57.9	57	86.4
Totals	32	100	20	100	29	100	38	100	66	100

$$\chi^2 = 92.82 \quad \text{d.f.} = 12 \quad P = < 0.001 \quad \text{Parent dead excluded} = 4$$

Table 6:8 Frequency of contact between fathers and children with Length of stay in care - total sample 189

	Returned in 1 year		Returned all others		In care under 2 years		In care 2-5 years		In care over 5 years	
	No.	%	No.	%	No.	%	No.	%	No.	%
Frequently	11	34.4	5	25.0	6	20.7	8	19.5	6	9.0
Infrequently	12	37.5	1	5.0	10	34.5	9	21.9	6	9.0
No contact	9	28.1	14	70.0	13	44.8	23	56.0	55	82.0
Totals	32	100	20	100	29	100	40	100	67	100

$$\chi^2 = 48.05 \quad \text{d.f.} = 12 \quad P = < 0.001 \quad \text{Parent dead excluded} = 4$$

and 82.0% of fathers whose children had been in care for over five years had not seen them during the preceding year. Only 3% of mothers and 9% of fathers had maintained contact at least monthly with this group of children. Similarly, infrequent contact had been maintained in the cases of only 10.6% of mothers and 9% of fathers. By contrast, where children had returned within one year,

mothers had maintained at least monthly contact in 40.6% of cases and fathers in 34.4% of cases. Infrequent contact had been maintained by 50% of mothers and 37.5% of fathers and in only 9.4% of cases had mothers lost contact in this group. Rather more fathers, 28.1% had no contact. This reflected the numbers of children who had returned to a one parent family headed by their mothers.

The influence of length of stay on parental contact - interview sample

The influence of length of stay on parental contact in this sample reflected to some extent the pattern of the total sample. As

Table 6:9 Frequency of contact between mother and children with length of stay in care - mothers interview sample 55

	Returned in 1 year		Returned all others		In care under 2 years		In care 2-5 years		In care over 5 years	
	No.	%	No.	%	No.	%	No.	%	No.	%
Frequent	9	47.4	6	66.7	5	71.4	5	55.6	-	-
Infrequent	10	52.6	3	33.3	2	29.6	3	33.3	5	45.5
No contact	-	-	-	-	-	-	1	11.1	6	54.5
Totals	19	100	9	100	7	100	9	100	11	100

$$\chi^2 = 32.5 \text{ d.f.} = 12 \text{ } P = < 0.01$$

Table 6:10 Frequency of contact between father and children with length of stay in care - Fathers interview sample 27

	Returned in 1 year		Returned all others		In care under 2 years		In care 2-5 years		In care over 5 years	
	No.	%	No.	%	No.	%	No.	%	No.	%
Frequent	5	83.3	-	-	3	60.0	3	50.0	4	57.1
Infrequent	1	16.7	1	33.3	1	20.0	2	33.3	-	-
No contact	-	-	2	66.7	1	20.0	1	16.7	3	42.9
Totals	6	100	3	100	5	100	6	100	7	100

$$\chi^2 = 19.68 \text{ d.f.} = 12 \text{ } P = < 0.10 \text{ not significant}$$

Tables 6:9 and 6:10 show where children had been in care over five years, in the cases of 54.5% of mothers and 42.9% of fathers, contact had been lost completely. By contrast, where children had returned home within one year, contact at least monthly had been maintained by 47.4% of mothers and 83.3% of fathers. The remaining 52.6% of mothers and 16.7% of fathers had maintained contact at least once a year.

The findings of both the total and interview samples suggest two trends. Firstly, both in the return group and in the in care group, contact declined with the length of stay in care. Secondly, contact did not decline as much in the return group as it did in the in care group. Children who returned home after several years were still far more in contact with their parents than children who had been in care for over five years. The work of Fanshel (1975)³⁶ provides considerable support for this finding. Although no direct comparisons can be made with his study since the sampling methods are completely different, similar trends can be identified. Fanshel found that children who were discharged from foster care within the first year of the placement had significantly more visiting than those who had been in care for over a five year period, but even where children were discharged after several years, they had more contact with their parents than children who had remained in care for the same length of time.

Changes in patterns of parental contact.

Further evidence for the effect of time on the decline in parental contact came from the interviewed parents' own accounts of how contact had changed during the time their children had been in care.

Table 6:11 Changes in parental contact - all parents interviewed 82

	Mothers		Fathers	
	No.	%	No.	%
Consistant frequency since reception into care	28	50.9	17	63.0
Frequency declined	13	23.7	8	29.6
Frequency increased	7	12.7	2	7.4
Frequency too inconsistant to measure changes	7	12.7	-	-
Totals	55	100	27	100

As Table 6:11 shows, although 50.9% of mothers and 63.0% of fathers had maintained a consistent pattern of contact since reception into care, 23.7% of mothers and 29.6% of fathers saw their children less often at the time of the study than they had done early in the placement. Comparing the replies of all the parents interviewed on a return/non-return dichotomy, it can be seen from table 6:12 that there was a significant difference in the patterns of parental contact between the in care and return groups. 75.7% of parents

Table 6:12 Changes in contact between parents and children with return from care - all parents interviewed 82

	Children returned		Children in care	
	No.	%	No.	%
Consistant frequency	28	75.7	19	42.2
Frequency declined	6	16.2	14	31.1
Frequency increased	3	8.1	5	11.1
Frequency too inconsistant to measure	-	-	7	15.5
Totals	37	100	45	100

$$X^2 = 11.76 \text{ d.f.} = 4 \text{ } P = < 0.05$$

in the return groups had maintained a consistent pattern of contact

compared with 42.2% in the in care group. $\chi^2 = 11.76$ with
d.f. = 4 $P = < 0.05$.

Comparing the different patterns of mothers and fathers, it
becomes clear from tables 6:13 and 6:14 that there was a steeper
~~decline~~ in contact in the in care group for mothers than fathers.

Table 6:13 Changes in contact between mothers and children with
return from care - interview sample 55

	Children returned		Children in care	
	No.	%	No.	%
Consistant frequency	20	71.4	8	29.6
Frequency declined	5	17.9	8	29.6
Frequency increased	3	10.7	4	14.8
Frequency too inconsistant to measure	-	-	7	26.0
Totals	28	100	27	100

$\chi^2 = 12.97$ d.f. = 4 $P = < 0.05$

Table 6:14 Changes in contact between fathers and children with
return from care - interview sample 27

	Children returned		Children in care	
	No.	%	No.	%
Consistant frequency	7	77.8	10	55.6
Frequency declined	2	22.2	6	33.3
Frequency increased	-	-	2	11.1
Frequency too inconsistant to measure	-	-	-	-
Totals	9	100	18	100

$\chi^2 = 1.72$ d.f. = 2 $P = < 0.50$

For mothers, differences on a return/non-return dichotomy were
significant at the 0.05 level but for fathers there was no signifi-
cant difference. Differences between the study mothers and fathers

may well be accounted for by the small sample of fathers who did not necessarily represent parents in the total sample.

Bearing in mind the bias towards the retention of contact in this small interview sample of both mothers and fathers, an attempt was made to establish the points in time at which a decline in contact had begun. This was done by comparing the changes in parental contact with the current numerical year of the placement. The results are shown in Tables 6:15 and 6:16. It can be seen that while 100%

Table 6:15 Changes in contact with year of placement - mothers interview sample 55

	1st year		2nd year		3rd and 4th year		5th year or later	
	No.	%	No.	%	No.	%	No.	%
Contact declined	4	17.4	1	9.1	4	40.0	4	36.4
Contact other	19	72.6	10	81.9	6	60.0	7	63.6
Totals	23	100	11	100	10	100	11	100

Table 6:16 Changes in contact with year of placement - fathers interview sample 27

	1st year		2nd year		3rd and 4th year		5th year or later	
	No.	%	No.	%	No.	%	No.	%
Contact declined	-	-	2	33.3	4	40.0	2	66.7
Contact other	8	100	4	66.7	6	60.0	1	33.3
Totals	8	100	6	100	10	100	3	100

of fathers whose children were in their first year of the placement had maintained consistent contact, even at this early stage, contact for 17.4% of mothers had begun to decline. Where children were in their second year of care there was a decline in contact for both mothers and fathers. From the third year in care the decline in

contact became more marked for both mothers and fathers.

This table suggests that while all parents may experience difficulty in maintaining consistent contact with their children, mothers may be particularly vulnerable during the early months of separation from their children. The reasons for this, which may relate to the more acute threat presented to mothers by caretakers and mothers' sensitivity to children's reactions will be discussed in the second part of this chapter. Evidence from other research supports the findings of the present study. Thorpe (1974)³⁷ for example, found that frequency of contact declined for 20.6% of children in her study. Tierney's Australian study (1963) found that 'contact often started regularly and then tailed off'³⁸ a finding to be further substantiated by the work of Rowe and Lambert (1973).³⁹

Table 6:17 Reasons for decline in contact between parents and children

	Mothers (13)		Fathers (8)	
	No.	%	No.	%
Negative attitude of caretakers	5	38.5	2	25
Mutual agreement with caretakers	4	30.8	4	50
Attitude of child to contact	6	46.2	4	50
Parent established new family elsewhere	3	23.1	1	12.5
Intervention of social worker	-	-	1	12.5
Totals	18	138.6	12	100.0

% more than 100% since parents had more than one reason for change
It can be seen from table 6:17 that parents' reasons for decline

in contact reveal the problems they experienced in sharing their children with others. Children's reactions to their parents also contributed to a decline in contact. Although these negative or

indifferent reactions might have represented children's psychological detachment from their parents, there was little evidence of a corresponding detachment in parents. Nor was there substantial support for Berry's view (1972), that some parents 'may actively exclude the child from their lives.'⁴⁰ This was shown firstly by the fact that thirteen parents had successfully increased contact after several years (table 6:18).

Table 6:18 Reasons for increase in contact between parents and children

	Mothers (7)		Fathers (2)	
	No.	%	No.	%
Plan to rehabilitate child in near future	1	14.3	2	100
Intervention of social worker	7	100	-	-
Positive attitude of caretakers	1	14.3	2	100
Totals	9	128.6	4	200

% more than 100% since parents had more than one reason for change

Secondly, the continuing place held by children in their parents' thoughts was shown by the fact that even after several years in care, children were not forgotten. This was tested out by asking study parents - Do you ever forget that the child is not yours?

Table 6:19 Parents' view on forgetting children - all parents interviewed 82

	Mothers		Fathers	
	No.	%	No.	%
<u>Forget children</u>				
Strongly agree	1	1.8	-	-
Agree with reservation	6	10.9	3	11.1
Disagree with reservation	7	12.7	8	29.6
Strongly disagree	41	74.5	16	59.3
Totals	55	100	27	100

As Table 6:19 shows, they gave replies on a four point scale which allowed for both positive and negative ambivalence. Only seven mothers and three fathers said that they ever forgot their children in any way and only one mother said that she forgot her child completely. In some cases the actual memory of children who had not been seen for some time was rather vague but difficulty in visualising children did not lessen their importance in parents' minds, as shown by the following comments:

A mother whose children had been in care for eight years:

(The father of the family was a fisherman.) When Jim comes home I always go down to the dock to meet him. He says to me 'When I see you standing there I also see space for our three little ones right beside you.' We both hope that one day we will really see them there.

A mother: I canna' imagine what he's like any more, but somehow he's still there. I've never forgotten him in all these years. Sometimes at night I start thinking about him and wonder what he's doing.'

A mother: You don't forget about them. You never could, they're your children but you don't remember them so clearly. They're mine, but they don't belong to me if you see what I mean. They have two families, me and Mrs. Gillespie.

A father: I'm not a religious man, ye ken, but there are times when you wish everything is well with them.

The parents' acceptance of adoption by caretakers.

The retention of psychic links with children was tested further by asking the study parents if they would consider adoption by caretakers. It can be seen from Table 6:20 that only six mothers and three fathers said they would even consider adoption and no parent in the study said that they would definitely accept adoption. All the children of the parents who were willing to consider adoption were in long term care. In seven cases, children had been placed in infancy and had no or minimal contact with their parents.

Table 6:20 Parents view on adoption of children by caretakers.

	Mothers		Fathers	
	No.	%	No.	%
<u>Agree to adoption</u>				
Strongly agree	-	-	-	-
Agree with reservations	5	9.1	2	7.4
Disagree with reservations	1	1.8	1	3.7
Strongly disagree	49	89.1	24	88.9
Totals	55	100	27	100

Although the study parents were not willing to relinquish their children in a legal sense, it must be emphasised that parents made a very clear distinction between their own need for legal and psychic links with their offspring and their children's need for continuity and stability. Berry (1972) has suggested that parents tend to deny that children will form new attachments and that 'these roots may gradually become stronger than neglected blood ties.'⁴¹ There was no evidence to support this claim in this study. It must be said that parents' awareness of the inevitable loosening of filial bonds by children motivated them to retain contact. Where, however, contact had been lost, parents felt it would have been wrong to remove children from a secure substitute home and from caretakers with whom they had important primary relationships.

Adoption was another matter and presented an unacceptable finality. If some legal links could be maintained, however tenuous these might be, in parents' eyes, these would signify to a child that he had not been rejected and that he might return to his parents if he so desired. In two cases where there was no prospect of rehabilitation, mothers spoke vehemently of the need to retain

legal links.

A mother: The fact that Billy's been in care for so long doesn't alter how you feel about him. I know I can't have him at the moment and he probably will stay with Mr. and Mrs Flint until he's married but I'd like to think he could always come back to me. If he knows I'm there he can do this.

A mother: Adoption is so final. Even though you know the children don't really belong to you any more, you hope they'll think of you a bit. If you have them adopted then they know you don't want them.

These findings would seem to indicate that parents in this study did not experience filial detachment to the extent that they either wanted or were able to sever emotional links with their children. Support for their views comes from Kline and Overstreet (1972), who believe that 'the sustained absence of a natural parent cannot be interpreted to mean that a child's existence no longer had a place in the psychic life of a parent.'⁴² Research evidence to confirm the findings of this study and Kline and Overstreet's belief comes from Thorpe (1974),⁴³ who found 89.4% of parents in her study never forgot children in foster care even though they had been separated from their children for several years.

It could be argued that the parents in this study are not representative of all natural parents who have lost contact with their children in care. As Rowe and Lambert (1973) point out, there may indeed be some individuals who 'can be parents only in the sense of giving life.'⁴⁴ In these cases there may be grounds for agreement with Berry (1972)⁴⁵ that there should be legal acknowledgement that a child's substitute home has become his real home. The findings of this study, along with that of Thorpe (1974), suggest that there may also be a place for some intermediate measure whereby a child retains stability yet does not forfeit his blood ties. To this end, the

proposed Custodianship provision in the 1975 Children Act⁴⁶ may be an invaluable way of reaching an acceptable compromise.

Summary of findings in Part I.

Children who returned home retained far more contact with their parents, and in particular with their mothers, than children who remained in care.

Contact patterns changed with length of stay in care. Even where children had returned home after several years in care, they had retained more contact with their parents than a comparable group who had remained in care.

Contact was also more consistent where children returned home. Where contact had declined, there was evidence to suggest that the decline was likely to begin early in the placement. Even in the interview sample, where more contact was maintained than in the total sample, the first two years in care marked the beginning of parental withdrawal from the placement.

Reasons given for decline included the attitude of caretakers, children and social workers, along with changes in parental circumstances.

In a minority of cases, contact between parents and children in long term care had increased shortly before the study began. This was not related to the time factor but to changes in parental circumstances and social work intervention.

There was little evidence to suggest that the filial deprivation experienced by parents at reception into care led to a psychic detachment of parents from their children. Where contact had been lost parents still retained strong memories of their children and felt

that there was sufficient meaningful relationship between parent and child to retain legal links. The study parents showed an awareness of the implications of children being in long term care and differentiated between retaining legal links and allowing children to retain stability in a foster home.

Part II - Factors influencing contact between parents and children

Ten major factors are considered. These are:-

1. Reason for care.
2. Parents' views on the value of parental contact.
3. Children's reactions.
4. Age of children at placement.
5. Potential difficulties of infrequent contact.
6. Factors related to travelling between parents and caretakers homes.
7. Social work intervention: a) social worker present at meetings.
b) interest in and encouragement for parents.
8. Types of placement.
9. Advantages and disadvantages of children's homes and foster homes, and arrangements for meetings.
10. Attitudes of caretakers to normal parents.

PART II

Factors influencing the contact between parents and children

The majority of factors discussed relate to the natural parents' own experience of the placement and are therefore confined to the interview sample. In considering the first factor influencing parental contact, reason for care, information available from the total sample was also included.

The influence of reason for care on contact between parents and children - total sample.

Table 6:21 Reasons for care with frequency of contact between mothers and children - total placement sample 189

	Frequent		Infrequent		No contact		Parent dead	
	No.	%	No.	%	No.	%	No.	%
Family homeless	21	48.8	8	16.3	12	12.9	-	-
Broken family mother + children	7	16.3	5	10.2	6	6.5	-	-
Broken family father + children	3	6.9	5	10.2	32	34.5	2	50.0
Both parents absent	1	2.4	1	2.0	11	11.8	-	-
Child illegit- imate	1	2.4	4	8.2	13	14.0	-	-
Illness of parent	2	4.7	7	14.3	13	14.0	1	25.0
Unsatisfactory home conditions	5	11.6	13	26.6	4	4.3	-	-
Other family problems	3	6.9	6	12.2	2	2.1	1	25.0
Totals	43	100	49	100	93	100	4	100

$$\chi^2 = 56.88 \quad \text{d.f.} = 21 \quad P = < 0.001$$

Tables 6:21 and 6:22 show that in the total sample there was a very significant relationship between reason for care and patterns of contact for both mothers and fathers. For mothers $\chi^2 = 56.88$

Table 6:22 Reasons for care with frequency of contact between fathers and children - total sample 189

	Frequent		Infrequent		No contact		Parent dead	
	No.	%	No.	%	No.	%	No.	%
Family homeless	12	33.3	12	31.6	26	22.8	1	-
Broken family mother + children	4	11.1	4	10.5	6	5.4	-	-
Broken family father + children	13	36.1	9	23.7	20	17.5	-	-
Both parents absent	-	-	2	5.3	11	9.6	-	-
Child illegitimate	-	-	1	2.6	17	14.9	-	-
Illness of parent	2	5.6	3	7.8	20	17.5	-	-
Unsatisfactory home conditions	4	11.1	5	13.2	5	4.4	-	-
Other family problems	1	2.8	2	5.3	9	7.9	-	-
Totals	36	100	38	100	114	100	1	100

$$\chi^2 = 40.99 \text{ d.f.} = 21 \text{ } P = < 0.01$$

$$\text{d.f.} = 21 \text{ } P = < 0.001. \text{ For fathers } \chi^2 = 40.99 \text{ d.f.} = 21 \text{ } P = < 0.01.$$

No contact between mothers and children was most likely where the reason for care had been desertion of mothers (34.5%) illegitimacy (14%) and illness of parents (14%). Frequent contact was most likely where families were homeless (46.4%). where fathers were absent (14%) or where children had been admitted from unsatisfactory home conditions (11.6%). Overall, contact was most likely where families had been made homeless or where children had been living in unsatisfactory home conditions.

It might have been expected that where mothers were absent children would have been compensated by seeing their fathers. Although this was true in that the highest number of cases where contact was monthly was in this group (36.1%) the absence of mother

was the second highest category in the group where there had been no contact between fathers and children in the previous year (17.5%). Although children from homeless families were most likely to see their fathers (33.3%) as well as their mothers, fathers were almost equally as likely to be absent in these cases. This may be explained by the large number of cases where children had been made homeless from a one parent family headed by their mothers. In the remaining categories, the absence of father was particularly notable in cases of illness while fathers' presence was most likely where the reason for care was unsatisfactory home conditions (11.1% at least monthly and 13.2% at least once a year).

Making allowances for the difference in sampling methods, these findings compare to a large extent with those of Walton and Heywood (1971).⁴⁷ The involvement of parents in cases where children had been committed to care for neglect has also been noted by Thorpe (1974) who suggests that the determination of such parents to maintain contact may be related to 'the keener sense of deprivation' experienced by them.⁴⁸

In the interview sample, the reason for care did not affect the contact patterns of both mothers and fathers in any significant way. As in the total sample, however, both mothers and fathers tended to be absent where reason for care was desertion and mothers in particular where children had been illegitimate. Both mothers and fathers saw their children most frequently where the reason for care had been homelessness.

Table 6:23 Reason for care with frequency of contact between mothers and children - interview sample 55

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Family homeless	12	48.0	6	26.1	1	14.2
Broken family Mother + children	5	20.0	3	13.0	-	-
Broken family Father + children			2	8.7	-	-
Both parents absent	-	-	2	8.7	2	28.6
Child illegitimate	1	4.0	1	4.3	2	28.6
Illness of parent	3	12.0	1	4.3	1	14.3
Unsatisfactory home conditions	2	8.0	7	30.1	1	14.3
Other family problems	2	8.0	1	4.3	-	-
Totals	25	100	23	100	7	100

$$\chi^2 = 35.58 \quad \text{d.f.} = 28 \quad P = < 0.50 \text{ not significant}$$

Table 6:24 Reason for care with frequency of contact between fathers and children - interview sample 27

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Family homeless	6	40.0	2	40.0	2	28.6
Broken family Mother + children	-	-	2	40.0	-	-
Broken family Father + children	6	40.0	1	20.0	4	57.1
Both parents absent	-	-	-	-	-	-
Child illegitimate	-	-	-	-	-	-
Illness of parent	2	13.3	-	-	-	-
Unsatisfactory home conditions	-	-	-	-	-	-
Other family problems	1	6.7	-	-	1	14.3
Totals	15	100	5	100	7	100

$$\chi^2 = 18.34 \quad \text{d.f.} = 16 \quad P = < 0.05 \text{ not significant}$$

The influence of parents views on the value of contact on frequency of contact

If parents feel that contact with their children in care should be maintained, they may be more motivated to keep in touch than parents who feel contact is unhelpful. This was tested out by comparing frequency of contact with parents' views on the value of contact given on a four point scale which allowed for both positive and negative ambivalence. It can be seen from Table 6:25 that for

Table 6:25 Attitude of parents towards the value of maintaining contact with children with frequency of contact - all parents interviewed 82

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Strongly agree contact should be maintained	34	85.0	18	64.2	5	35.7
Agree with reservations to contact being maintained	1	2.5	5	17.9	2	14.3
Disagree with reservations to contact being maintained	5	12.5	5	17.9	7	50.0
Totals	40	100	28	100	14	100

$$\chi^2 = 18.20 \text{ d.f.} = 4 \text{ } P = < 0.01$$

the whole parent group of 82, there was a very significant relationship between frequency of contact and parental attitudes towards maintaining contact. ($\chi^2 = 18.2 \text{ d.f.} = 4 \text{ } P = < 0.01$) When comparisons are divided between mothers and fathers, the significance level for mothers is still maintained but does not exist for fathers. Tables 6:26 and 6:27 show that 88% of mothers and 80% of fathers who wholeheartedly supported parental contact had seen their children at least monthly during the previous year.

By contrast, where there was no contact, 57.1% of mothers and 71.4% of fathers had reservations about its value. Overall, no

Table 6:26 Attitude of parents towards the value of maintaining contact with children with frequency of contact - mothers interview sample 55

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Strongly agree	22	88.0	13	56.6	3	42.9
Agree with reservations	-	-	5	21.7	-	-
Disagree with reservations	3	12.0	5	21.7	4	57.1
Totals	25	100	23	100	7	100

$$\chi^2 = 14.58 \text{ d.f.} = 4 \text{ } P = < 0.01$$

Table 6:27 Attitude of parents towards the value of maintaining contact with children with frequency of contact - fathers interview sample 27

	Frequen		Infrequen		No contact	
	No.	%	No.	%	No.	%
Strongly agree	12	80.0	5	100	2	28.6
Agree with reservations	1	6.7	-	-	2	28.6
Disagree with reservations	2	13.3	-	-	3	42.9
Totals	15	100	5	100	7	100

$$\chi^2 = 8.69 \text{ d.f.} = 4 \text{ } P = < .10 \text{ not significant}$$

parent in the study had extremely strong reservations about parental contact and 78.2% of mothers and 81.5% of fathers thought in general that contact should be maintained.

The case for maintaining contact.

As Table 6:28 shows, there were five main reasons why parents felt that contact with children should be maintained. To reassure children that they had not been deserted by their parents; to reassure parents that childrens physical needs were being adequately met; to reassure parents that they had a continued place to play in their childrens lives; to remind foster parents and houseparents that

Table 6:28 Parents' reasons why contact with children should be maintained

	Mothers (43)		Fathers (22)	
	No.	%	No.	%
Reassurance for children	4	9.3	4	18.2
Reassurance for parents	43	100	17	77.3
Reaffirmation of caretakers' role	21	48.8	3	13.6
Motivation for rehabilitation	4	9.3	2	9.1
Totals	72	167.4	26	118.2

Numbers and percentages greater than 43, 22 and 100% since more than one reason given.

their role was that of caretaker; to motivate parents towards rehabilitation.

Reassurance for children.

Only a minority of parents (8 cases) emphasised the part they could play in helping their children adjust to separation and showed considerable understanding of the separation process. The comments of three parents illustrate their awareness.

A mother who had been in care as a child herself:
The worst thing in the world is to be deserted by your parents. I know, it happened to me. I said it would never happen to my bairns but look what happened. Yes, you must visit your children in care and tell them all the time you haven't left them. By seeing you it's the only way they know this is true.

A father who had been evicted: You've got to give the kids some security. We always told them 'We are coming back to see you on Saturday and you will be coming home.' We said 'Dad and Mum are getting a new house, we are just getting the roof on and as soon as it's there you'll come home.'

A widowed father: Now their Mum's gone I'm all they've got. What would they think if I didn't see them too. If I can't look after them myself the best I can do is to see them as often as possible. They're very good at the home - let me go for tea or when

I'm coming home from work. That's a great comfort to be able to go when I like.

Reassurance for parents.

In the majority of cases (60) parents talked about how contact met their own needs. Reception into care had left them anxious and uncertain of their parental role. Seeing that children's physical needs were being met helped to put their minds at ease.

As one mother commented: It makes you feel less bad about having them taken away when you know they are being well fed and kept washed and clean. They've had some lovely toys and clothes since they were at the home, they really look after them there.

These parents did not need social workers to remind them that it was necessary to keep alive children's sense of loss.⁴⁹ They sought reassurance through contact that children had not forgotten them or had not turned against them for 'putting them away,' a phrase indicating their sense of failure used by several parents whose children had been received into voluntary care. Their comments illustrate these two concerns:

A mother who had been evicted: Children forget easily; if you don't go up to see them they are strangers when they come home.

A father who had been evicted: You have to visit or they don't take you when they come back.

A mother who had deserted her children: It makes me feel easier to visit them - less guilty. I like to see they are well, most of all, wanting to see me - that's important. I don't want them to forget me. That's another thing too - the bairns are more relaxed after seeing me. They get tense during the week then relax after I visit them. Me too - once I've seen they're alright I can go on for another week.

A single mother: It lets them know their mother is really wanting them and worrying about them -

Donna told the housemother when I was late - I know my Mummy will come-she always does.'

A single mother: I think parents should visit. I like seeing her happy but now I'm always looking at her to see if she's like me and whose nature she has.

A separated mother: You wonder what the bairns will think of you for putting them away. You should visit to tell them you still want them. But you always wonder if they realise that it's true.

Reaffirming caretakers' roles.

Sharing the parenting role, particularly with foster parents, was very uncomfortable.⁵⁰ Visits served to remind caretakers that their role was only temporary, as the comments of these two mothers show.

A mother who had been in prison: It's natural really, foster parents are bound to get attached to a child after a while. I would. I don't know why they do it really. If you visit, then they know that the child belongs to you.

A single mother who had been evicted: I was that hurt when Angela called Mrs. Fraser Mum - she'd only been there a month. It just shows you how easily they forget. I visited every week after that until she came home.

Motivation for rehabilitation.

For a minority of parents (6 cases) the guilt engendered by seeing children in care provided strong motivation to work towards rehabilitation.

A separated mother: It made me more determined to get a place to get them together. I was so ashamed every time I saw them. I used to look at other women in the street with toddlers and say 'that should be me.'

A father who had been evicted: Visiting the children gives me something to work for. They don't mind me going at all in the home. I often wonder what other kids who don't have parents must think. It does you good to have the bairns away. It's only then you realise what they mean to you.

The case against maintaining contact.

While seeing their children might have motivated these parents

towards rehabilitation, in seventeen cases, parents had fairly strong reservations about the value of seeing their children in care. They gave three main reasons for their attitudes as shown

Table 6:29 Parents reasons why contact should **not** be maintained.

	Mothers (12)		Fathers (5)	
	No.	%	No.	%
Too distressing for children and parents	7	58.3	3	60
Too painful to see children in better material environment	2	16.7	5	100
Needs of caretakers	6	50.0	4	80
Totals	15	125.0	13	240.0

Numbers and percentages greater than 12, 5 and 100% since more than one reason given.

in Table 6:29. These were:

That it was unfair to continue visiting when children displayed continual distress.

Sharing parental responsibilities with caretakers who could provide a more adequate material environment was too painful.

The development of a relationship between caretakers and children was hindered by the presence of parents.

The reactions of children.

For at least ten parents, witnessing their children's physical distress only increased their own guilt.⁵¹ As a widowed father maintained:

It's too upsetting to see children. They don't settle if you're always there. It doesn't give them a chance. I think it's much better not to visit for at least a month after they have gone away.

Feelings of inadequacy were provoked by seeing children in a better material environment. The contrast in standards was felt particularly acutely by fathers.

A father who had been evicted: Their place now, it's all luxury. They've got fitted carpets and new suite - ye ken what I mean? They give the kids toys and pocket money. We could never do that. Not on the social security. I think they're better off where they are and for us not to see them. They're going to turn against us if they think we can't give them what the foster parents can.

A divorced father: They've got everything at the home, toys and better clothes than I can give them. I felt I couldn't bear to see them again; after all, what could I give them compared with that?

These parents felt they had little to offer their children in comparison for material security. Even parents who did continue contact saw material goods as a compensation for separation. Over one third of the parents in the study had felt the need to take material gifts to their children at some time. In at least two cases, where parents could not afford to buy gifts, they had postponed visits. These parents had not had the benefit of social work support which might have convinced them of the intrinsic value of their presence. Parfitt (1967)⁵² suggests that social workers may have a valuable role to play in making such explanations to parents, and encouraging them to show their concern for their children by their presence alone.

The needs of caretakers.

A third reason against contact arose from misconceptions about children's needs. Parents felt their absence would give caretakers a chance to develop meaningful relationships with children. As one mother put it:

I like to see them but I think it's better if you don't when it's long term. The bairns wouldna' be easy if you kept visiting, they'd always be wanting to come home. The foster parents can't do anything with them if they don't settle.

It would be true to say that no parent in the study felt completely comfortable about visiting his child in care but certain features were particularly liked or disliked. On the positive side, it has already been shown that self-reassurance gained from contact was most comforting. On the negative side parents were unanimous that the most difficult part of seeing their children was terminating visits, nor did this automatically become easier with the passage of time. Another difficulty arose from attempting to answer children's continuous questions about when they would be returning home. Mothers seemed particularly vulnerable to this type of question. Their ambivalence is revealed in the following three comments:

I like to see they were well and most of all happy, but I greeted leaving them. I felt bad they were there. Especially when the wee one was in the other home and didn't like it.

The best part is the pleasure in their faces when you see them to start off with but leaving them is by far the worst part. I hate leaving them - seeing them cry. I always want to cry too. Its a long path from the children's home and I'm often crying when I get to the end.

She asks me every time I see her when am I coming home. I try to avoid the subject and say 'Mummy is going to take you home sometime.' I hate leaving them so much. If a good day is finished, what do you go home to? When you've only got four walls and nothing of your own its very depressing.

The effect of children's reactions on parental contact.

The study parents' dissatisfaction with patterns of contact with their children was often related to their children's reactions to visits.

Rowe and Lambert (1973)⁵³ have suggested that the response of the child in care to his parents may be crucial in influencing

their pattern of contact with him. Their indifference may be the hardest for parents to tolerate. In this study, in order to test out whether or not the children's reactions influenced parental contact, parents were asked to describe their children's reactions on a four point scale which allowed for positive reactions, hostility, indifference and mixed reactions. Answers were home based rather than child based to facilitate comparison. In most cases where siblings were in the same placement, they greeted parents with the same reaction. There were three families where siblings in the same home reacted differently. In these cases, children's

Table 6:30 Attitude of children to contact with parents and frequency of contact with parents - all parents interviewed 82

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Always pleased to see parents	30	75.0	17	60.7	6	42.8
Mixed reactions	3	7.5	3	10.7	5	35.7
Always shows distress	6	15.0	5	17.9	-	-
Always indifferent	1	2.5	3	10.7	1	7.2
D.k.	-	-	-	-	2	14.3
Totals	40	100	28	100	14	100

$$\chi^2 = 23.23 \text{ d.f.} = 8 \text{ } P = < 0.05$$

reactions were recorded as mixed. It can be seen from Table 6:30 that there was a significant relationship between frequency of parental contact and the attitude of children to visits. While 75% of children whose parents visited monthly were always pleased to see them, only 42.8% showed this reaction when their parents visited less than once a year. By contrast mixed reactions or a consistent

display of distress or indifference increased as contact declined.

In nearly two thirds of the placements (64.6%), children were always pleased to see their parents. In 13.4% they showed a mixed reaction and in 13.4% were always distressed. Children showed indifference to parental visits in only 5 (6.1%) placements.

Mothers were affected by children's reactions rather differently than fathers. It can be seen from Table 6:31 that the contact between

Table 6:31 Attitude of children to mothers with frequency of contact with mother - mothers interview sample 55

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Always pleased to see parents	18	72.0	13	56.5	3	42.9
Mixed reactions	3	12.0	2	8.7	1	14.2
Always distressed	3	12.0	5	21.7	1	14.2
Always indifferent	1	4.0	3	13.0	-	-
D.k.	-	-	-	-	2	28.6
Totals	25	100	23	100	7	100

$$\chi^2 = 14.64 \text{ d.f.} = 8 \text{ } P = < 0.10 \text{ not significant}$$

Table 6:32 Attitude of children to fathers with frequency of contact with fathers - fathers interview sample 27

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Always pleased to see parents	12	80.0	4	80.0	3	42.9
Mixed reaction	-	-	1	20.0	4	57.1
Always distressed	2	13.3	-	-	-	-
Always indifferent	1	6.7	-	-	-	-
Totals	15	100	5	100	7	100

$$\chi^2 = 12.45 \text{ d.f.} = 6 \text{ } P = < 0.10$$

mothers and children declined as negative reactions increased.

Table 6:32 shows that the relationship between fathers and children was not affected in the same way. Children's reactions were positive to both frequent and infrequent contact with fathers. Except in two cases, negative reactions occurred where contact was minimal. Differences may be explained in two ways. It has already been shown that mothers expressed far more concern than fathers about losing their children's affections. It may well have been that mothers were far more sensitive to and affected by their children's reactions. It could also have been that mothers transmitted their anxiety to children, thus provoking more negative reactions. By contrast, fathers expected children to settle and accepted the status quo, which may have been communicated to children as acceptance of the placement.

Although the majority of children reacted positively to seeing their parents, where distress did occur, the study parents had found this hard to accept. In almost half the cases of both mothers and fathers where a decline in contact had taken place, this was attributed to children's negative or indifferent reactions. In these cases, parents showed little awareness of the normal way children might react in separation. In some cases, wishing to protect children from distress, caretakers had colluded by discouraging parents from visiting. The views of this mother who ceased contact in the placement reflects the views of the others.

The bairns greeted that much every time I went I couldn't bear to go back again. They told me at the home they only cried when I came and it would be better to let them settle in. I didn't go back for a month. When I went again it was even worse because the bairns were like strangers. They

ignored me at first and I felt I couldn't talk to them. You don't know what to do for the best. You want to see them to prevent them growing away from you but when you do, it upsets them and you don't want that either. In the end I didn't go any more. It seemed the easiest thing to do. Now I wish I had kept going, in spite of what they said.

It has been suggested by Holman (1973)⁵⁴ that it is within the capacities of social workers to explain to parents that children's reactions of initial rejection may constitute normal behaviour elements in cases of separation. The usefulness of such intervention early in the placement will be discussed later in this chapter. In all the ten cases, where contact had declined because of children's negative reactions, parents had not had the benefit of explanations or support from social workers. It is of additional interest to note that there were eight cases among the study parents where contact had lapsed completely at some time during the placement. In six out of these eight cases, contact had been restarted only through the active intervention of social workers. In no cases where contact had lapsed had parents felt able to restart visits to children spontaneously.

The influence of children's age at reception into care on frequency of contact between parents and children.

Rowe and Lambert (1973)⁵⁵ have also suggested that one of the factors which may cause a decline in contact is the age at which children are placed. Younger children may have a less developed relationship with parents and therefore may show more indifference on contact with them, a reaction which may cause a decline in contact. It was possible in this study to compare the age of children at reception into care with the frequency of contact between parents

for both the interview and the total sample.

Table 6:33 Age of children at placement with frequency of contact between mothers and children - mothers total sample 189

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Under 5 years old	21	48.8	31	63.3	69	73.1
Over 5 years old	22	51.2	18	36.7	28	26.9
Totals	43	100	49	100	97	100

$$\chi^2 = 10.30 \text{ d.f.} = 3 \text{ } P = < 0.05$$

Table 6:34 Age of children at placement with frequency of contact between fathers and children - fathers total sample 189

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Under 5 years old	14	38.9	23	59.0	84	73.7
Over 5 years old	22	61.1	16	41.0	30	26.3
Totals	36	100	39	100	114	100

$$\chi^2 = 16.47 \text{ d.f.} = 3 \text{ } P = < 0.01$$

In the total sample, there was a significant relationship between the age of children at placement and the frequency of contact with mothers ($\chi^2 = 10.30$ d.f. = 3 $P = < 0.05$) and a very significant relationship between the age of children at placement and contact with fathers ($\chi^2 = 16.47$ with d.f. = 3 $P = < 0.01$). It can be seen from Table 6:33 and 6:34 that contact declined in relation to the age of children at placement. In the cases of 73.1% of mothers and 73.7% of fathers where there was no contact, children had been placed under the age of five. Differences were not so marked where children saw their parents at least monthly, but even in this group, there was more contact between parents and children who had been placed over the age of five than those who had been placed at a

younger age.

The interview sample reflected the same pattern as the total sample for mothers but not for fathers. For mothers, there was a

Table 6:35 Age of child at placement with frequency of contact between parents and children - all parents interviewed
82

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Under 5 years old	13	32.5	15	53.6	10	71.4
Over 5 years old	27	67.5	13	46.4	4	28.6
Totals	40	100	28	100	14	100

$$\chi^2 = 11.03 \quad \text{d.f.} = 2 \quad P = < 0.01$$

Table 6:36 Age of children at placement with frequency of contact between mothers and children - mothers interview sample
55

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Under 5 years old	9	36.0	13	56.5	7	100
Over 5 years old	16	64.0	10	43.5	-	-
Totals	25	100	23	100	7	100

$$\chi^2 = 9.21 \quad \text{d.f.} = 2 \quad P = < 0.01$$

Table 6:37 Age of children at placement with frequency of contact between fathers and children - fathers interview sample
27

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Under 5 years old	4	26.7	2	40.0	3	42.9
Over 5 years old	11	73.3	3	60.0	4	57.1
Totals	15	100	5	100	7	100

$$\chi^2 = 0.69 \quad \text{d.f.} = 2 \quad P = < 0.50$$

very significant relationship between the age of children at placement and frequency of contact. ($X^2 = 9.21$ d.f. = 2 $P = < 0.01$). For fathers $X^2 = 2.69$ with d.f. = 2 $P = 0.50$. The difference between the two samples for fathers may be explained by the over-representation of fathers in the interview sample who had substantial contact with their children and the under representation of families where illegitimate children had been admitted to care at an early age. It can be seen from Table 6:36 that 100% of children who saw their mothers less than once a year had been admitted to care under the age of five. This compared with 36% who saw their mothers at least monthly. While only 26.7% of children who saw their fathers at least monthly had been admitted under the age of five, only 42.9% of those in this group had no contact with fathers.

Both Rowe and Lambert (1973)⁵⁶ and Thorpe (1974)⁵⁷ found that children who entered care before the age of five years were significantly less likely to be in contact with natural parents, but neither study differentiated between patterns of contact of mothers and fathers.

The potential difficulties of infrequent contact.

It has been suggested by Conway (1958)⁵⁸ and Holman (1973)⁵⁹ that natural parents experience most difficulty in maintaining contact with their children when their visits are infrequent. The continuity which frequent visits provide may often ease potential difficulties. Children may not be so distressed if they see their parents regularly and caretakers may find the continued presence of natural parents clarifies their role. The potential difficulty of infrequent contact was tested out by asking parents to comment on whether their present pattern of contact was acceptable and

then comparing the answers with frequency of contact. As Table 6:38

Table 6:38 Attitudes of parents towards present patterns of contact with frequency of contact - all parents interviewed 82

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Not enough contact	16	40.0	19	67.9	6	42.9
Too much contact	-	-	2	7.1	-	-
Contact just right	24	60.0	6	21.4	8	57.1
Don't know	-	-	1	3.6	-	-
Totals	40	100	28	100	14	100

$$\chi^2 = 14.23 \text{ d.f.} = 6 \text{ } P = < 0.05$$

shows for all the parents interviewed, there was a significant relationship between the two sets of factors. ($\chi^2 = 14.23$ d.f. = 6 $P = < 0.05$). When the sample was divided into mothers and fathers, there was no significant relationship between factors. In the total group, only 21.4% of parents who visited their children at least once a year were satisfied with this pattern of contact compared with around 60% of those who saw their children at least monthly or not at all.

Table 6:39 Attitudes of mothers towards present patterns of contact with frequency of contact - mothers interview sample 55

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Not enough contact	12	48.0	16	69.6	5	71.4
Too much contact	-	-	2	8.7	-	-
Contact just right	13	52.0	4	17.4	2	28.6
Don't know	-	-	1	4.3	-	-
Totals	25	100	23	100	7	100

$$\chi^2 = 9.51 \text{ d.f.} = 6 \text{ } P = < 0.50 \text{ not significant}$$

Table 6:40 Attitudes of fathers towards present patterns of contact with frequency of contact - fathers interview sample 27

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Not enough contact	4	26.7	3	60.0	1	14.3
Too much contact	-	-	-	-	-	-
Contact just right	11	73.3	2	40.0	6	85.7
Totals	15	100	5	100	7	100

$$\chi^2 = 3.01 \text{ d.f.} = 2 \text{ } P = < 0.50 \text{ not significant}$$

There was a distinct difference in the attitudes of mothers and fathers in all groups. Mothers were much more dissatisfied with the number of times they saw their children. In the group where contact was at least monthly only 52.0% of mothers felt this contact was just right compared with 73.3% of fathers. In the group where there was no contact, only 28.6% of mothers felt this was acceptable compared with 85.7% of fathers. In the third group, 40% of fathers accepted infrequent contact this was only acceptable to 17.4% of mothers.

It is difficult to draw conclusions from this section. While there was a certain amount of evidence to suggest both mothers and fathers found infrequent contact the most difficult there was also considerable dissatisfaction among mothers who had frequent or no contact. By contrast, fathers in the latter two groups showed considerable satisfaction with their patterns of visiting. The differences between parents may be attributed to mothers' preoccupation with the detachment shown by their children, a factor which motivated them to keep in contact.⁶⁰ In all cases where contact was considered to be unsatisfactory, both mothers and fathers

attributed their dissatisfaction to their childrens reactions. Distress or indifference were extremely hard to tolerate, particularly for mothers, who could see that children were forming attachments with caretakers. Some dissatisfied parents felt the remedy lay in more frequent contact, but two mothers who saw their children two or three times a year thought it would be best to withdraw completely from the placement. Some of those who had adopted a satisfactory pattern of little or no contact also used the argument of protecting children from distress to justify their absence. The majority who had little contact showed a mixture of dissatisfaction and resignation about their children's detachment, as the views of this mother whose child had been in care for eight years illustrate:

No, I don't see him enough, but what can you do? I don't think now if he came back I could manage. After all, he's not a baby any more, I don't feel I really know him. It's a good enough home, he's getting well cared for and Mr. Brown is bringing him up like a man. I appreciate that. The trouble is that I see he's not like me any more. You see I'm a 'towny', like going to theatres and concerts and all that. They're country folk - I'm more like an Auntie now than his mother.

Factors associated with journeys to the caretakers' homes

1. The effect of distance on contact between parents and children.

One of the factors which may contribute to the frequency of contact between parent and child in care is the distance a child has been placed from the parental home. Although the nineteenth century policy of sending Scottish children to the clean and corruptless influences of the country had been modified considerably by the time of this study, agencies were still using resources in far places to meet the needs of the children whom they were unable to place locally. It was difficult to establish from case files whether placements made at such a distance were deliberate attempts to provide a child with

Table 6:41 Length of journey to caretakers' home with frequency of contact between parents and children - all parents interviewed 82

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Under 1 hour	25	62.5	11	39.3	2	14.3
1 but less than 3 hours	14	35.0	14	50.0	4	28.5
Over 3 hours	1	2.5	3	10.7	6	42.9
Time not known	-	-	-	-	2	14.3
Totals	40	100	28	100	14	100

$$\chi^2 = 32.95 \quad \text{d.f.} = 10 \quad P = < 0.01$$

Table 6:42 Length of journey to caretakers' home with frequency of contact between mothers and children - mothers interview sample 55

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Under 1 hour	14	56.0	10	43.5	-	-
1 but less than 3 hours	10	40.0	10	43.5	-	-
Over 3 hours	1	4.0	3	13.0	5	71.4
Time not known	-	-	-	-	2	28.6
Totals	25	100	23	100	7	100

$$\chi^2 = 36.45 \quad \text{d.f.} = 8 \quad P = < 0.001$$

Table 6:43 Length of journey to caretakers' home with frequency of contact between fathers and children - fathers interview sample 27

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Under 1 hour	10	66.7	1	20.0	2	28.6
1 but less than 3 hours	5	33.3	4	80.0	4	57.1
Over 3 hours	-	-	-	-	-	-
Time not known	-	-	-	-	1	14.3
Totals	15	100	5	100	7	100

$$\chi^2 = 1.29 \quad \text{d.f.} = 8 \quad P = < 0.50 \text{ not significant}$$

an environment uninterrupted by old ties, or whether lack of resources had forced Departments to seek placements further afield. One factor was certain: many parents had to travel long distances to see their children. In forty-two out of the eighty-two placements in the interview sample, parents had to make a journey of over one hour to reach their children and in ten cases, a journey of at least three hours. The effect of distance on frequency of contact is shown in Tables 6:41 - 6:43. From table 6:41, it can be seen that there was a significant relationship between the two factors for all parents, $\chi^2 = 32.95$ d.f. = 10 $P = < 0.01$. It is clear from this table that contact was most frequent where children were placed within an hour's journey of their parents' home.

This factor operated whether the children met their parents in the caretakers' home or at the parental home. Taking one hour's journey as a cut off point, it can be seen that 56% of mothers and 66.7% of fathers who saw their children frequently lived within this distance of the caretakers' home, compared with 43.5% of mothers and 20% of fathers who saw children infrequently. Only two fathers who had had no contact with their children during the previous year lived within one hour's journey from the caretakers' home, but others who had no contact all lived further away.

To test out whether distance was perceived as a factor which would influence contact, parents were asked whether they would see their children more often if they were placed nearer. It can be seen from table 6:44 that, in 43 cases (52.4%), parents said they would see their children more often if they were nearer. Thirty-nine of these parents had a journey of over one hour to make between their home and that of the caretakers. No parent said he

Table 6:44 Parents' prediction of effect of distance on frequency of contact with length of journey to caretakers' home - all parents interviewed 82

	Journey under 1 hour		Journey over 1 hour		Time not known	
	No.	%	No.	%	No.	%
Would see child more if nearer	4	10.5	39	92.8	-	-
Would make no difference	34	89.5	3	7.1	2	100
Totals	38	100	42	100	2	100

$$X^2 \text{ (under 1 hour/1-3 hours/over 3 hours) } = 18.25 \text{ d.f. } = 3 \text{ P } = < 0.10$$

Table 6:45 Mothers' prediction of effect of distance on frequency of contact with length of journey to caretakers' home - mothers interview sample 55

	Journey under 1 hour		Journey over 1 hour		Time not known	
	No.	%	No.	%	No.	%
Would see child more if nearer	-	-	27	93.1	-	-
Would make no difference	24	100	2	6.9	2	100
Totals	24	100	29	100	2	100

$$X^2 \text{ (under 1 hour/1-3 hours/over 3 hours) } = 9.02 \text{ d.f. } = 3 \text{ P } = < 0.50$$

Table 6:46 Fathers' prediction of effect of distance on frequency of contact with length of journey to caretakers' home - fathers interview sample 27

	Journey under 1 hour		Journey over 1 hour		Time not known	
	No.	%	No.	%	No.	%
Would see child more if nearer	4	28.6	12	92.3	-	-
Would make no difference	10	71.4	1	7.7	-	-
Totals	14	100	13	100	-	-

$$X^2 \text{ (under 1 hour/1-3 hours/over 3 hours) } = 17.68 \text{ d.f. } = 2 \text{ P } = < 0.05$$

or she would see children less often if they were nearer, but in ~~three~~ cases where placements were over an hour away, parents suggested that children might be unsettled if they were in easy reach of the parental home. One father went so far as to suggest that 'children might be tempted to run away.'

The remaining thirty-nine parents, of whom only five lived outwith an hour's journey, said that distance would make no difference to the number of times they saw their children. The five parents who lived some distance away felt that contact with their children was influenced by other factors. All had left the study area to establish new homes elsewhere. In two cases, a decline had been brought about by the new husbands of these study mothers, who had refused to support the children in care by a former marriage, and discouraged their wives from maintaining contact with them.

The cost of travelling to see children

Apart from the distances involved, there were two other factors connected with travel which influenced contact between parents and children. The first was the cost of journeys. Local Authorities are empowered to facilitate contact by providing travelling expenses for the parents of children in care.⁶¹ It was shown in Chapter 4 that financial difficulties permeated many of the study families,⁶² yet as Table 6:47 shows only 17% of parents in the interview sample had ever received any expenses from the local authority. Three mothers had always received expenses while seven mothers and four fathers had been given help only occasionally. No other parent had been offered this kind of financial help.

Table 6:47 Travelling expenses given to parents - all parents interviewed 82

	Mothers		Fathers	
	No.	%	No.	%
Always	3	5.4	-	-
Sometimes	7	12.8	4	14.8
Never	45	81.8	23	85.2
Totals	55	100	27	100

Table 6:48 Parents' assessment of influence of travelling expenses on frequency of contact with children - all parents interviewed 82

	Mothers		Fathers	
	No.	%	No.	%
Contact would increase with expenses	19	34.5	5	18.5
Expenses would not influence contact	36	65.5	22	81.5
Totals	55	100	27	100

As Table 6:48 shows, only 34.5% of mothers and 18.5% of fathers thought that expenses would increase contact. In some cases in this group a lack of money had prevented contact as one father explained:

Two weeks ago I was on short time - I didn't have the money to see the bairns; I had to ring up with an excuse - it makes you feel very ashamed, you know you're letting them down.

Others had been torn between seeing their children and trying to effect rehabilitation. One father commented:

The Welfare expect you to do everything - You're supposed to visit your children regularly - at the same time save to get them back home, as quickly as

possible. When you're unemployed like me, its impossible - something has to go.

Parents who had children scattered in different placements were particularly disadvantaged. A father of four children who were in three different homes said:

You're caught between wanting to see the bairns so they won't forget you and trying to save to get them back. Yes, I think travelling expenses would help a lot.

The majority of parents (65.5% of mothers and 81.5% of fathers) thought that expenses would make no difference to the number of times they saw their children but three mothers felt that expenses would be an extra bonus, as this separated mother whose children were in four placements related:

I don't think it would make all that much difference - I'd still see them anyway, but it would help. Seeing them in different places was bad enough. Leaving them was the worst, I had to do it four times over. Children don't understand you haven't got money - if I saw one I felt I had to see them all. They'd ask me have you been to see Harry or Jimmy?

Some parents were adamant that the responsibility for maintaining contact was unequivocally theirs. Receiving payment would only have reinforced their sense of failure. Fathers were particularly against the idea of expenses, as the following three comments show.

I wouldn't take any money from the welfare, it's bad enough having the kids to go away. I brought this on myself and it's my responsibility to see the bairns.

It's my right to see them and I have a responsibility to see them. I should pay for this. If parents can't pay to see their children in care, they can't think much about them. If parents have got the money, I think they should pay their own way.

Another father, who felt that expenses would be insulting under the present system had an alternative to propose.

Under the present system, I wouldn't take expenses, it would be an insult. Why don't they pay me to keep the bairns at home - that's what I really want. It would make sense to me I said to the Welfare - why should I pay for my kids in care - you pay my debts and they can be at home.

Means of transport as a factor influencing contact.

Table 6:49 Means of transport available to interviewed parents - 82

	Mothers		Fathers	
	No.	%	No.	%
Public transport only	51	92.7	21	77.8
Private transport	4	6.3	4	14.8
Other	-	-	2	7.4
Totals	55	100	27	100

As Table 6:49 shows, another travel related-factor which influenced contact was that 87% of the interviewed parents were dependend on public transport or lifts. Only 9.7% had their own transport. Two parents, (2.4%) were within walking distance of caretakers' homes.

At the time of the study, the researcher was also dependent on public transport, so was able to verify the comments of the parents. There were two main difficulties which parents faced. The first was that the front doors of establishemts were rarely within yards of the bus-stops, which sometimes necessitated a walk of up to one mile from the nearest bus stop or rail station. The second difficulty was that where placements were outside the city, parents invariably had to make one journey into the city centre, then catch a second bus or train to the outlying

areas. The researcher sometimes found difficulty in negotiating timetables and destinations, even with the help of street maps. With the added anxiety of anticipating the reception which awaited them, many parents found that such a journey undertaken for the first time was particularly stressful, as the following comments show.

A mother: I was that feared what like the bairns would be the first time I went, I don't know how I got there.

A mother: When I got off the bus, I had to ask the way. I thought I'd got lost - a man told me to go up this drive; it was that long - it seemed to go on for ever. I thought - what would be at the end of it. I nearly turned round and went right back I can tell you. Then I saw the home at the end of the drive, it was a shock, it was that big and old fashioned. I felt that ashamed - I thought how could I let my bairns come to this place.

A mother (who had been in hospital): I'd been with the social worker in the car the day the bairns went away. When I went back, I got lost. I couldn't remember where the place was. I think I got off at the wrong stop. It was an awful long way. I was thinking about the bairns all the time and was that worried that I was late. I didn't go back again on my own, I was feared to ask anyone - I didn't want them to know that my bairns were put away in a home.

At least two parents had compensated for their anxiety by arranging other means of transport.

A father: My wife was that worried about the bairns, she couldn't walk up the hill so we got a taxi - it cost over £1. The bairns thought it was great us arriving in a taxi.

A father: My pal took me in his car, we couldn't find the place in the dark. I think they should have children's homes nearby. You get yourself in an awful state - having to ask people for lifts and that doesn't make it any better.

Several parents tried to maintain contact between siblings who had

been separated. A journey to an unfamiliar place, via public transport, with two or three young children was an exhausting and expensive business.

Social work intervention and parental contact

Reception into care can leave some parents with an overwhelming sense of failure. To help assuage these feelings, Stevenson (1968) suggests that social workers 'may need at the time of reception into care to play quite a positive role in helping parents to keep in contact - by looking up trains and buses and by giving lifts and so on.'⁶³

Many of the study parents experienced difficulty in negotiating public transport at an early stage in the placement but only a ^{minority} majority (six mothers and one father) thought it helpful that social workers had taken them to see their children. One mother, who had felt unable to accompany her children into care expressed the views of others:

I was feared what like the place would be. Mrs. Moffatt told me they were nice people but my knees were shaking and my heart was beating that fast when we got there. I don't think I'd have made it if she hadn't been with me. I'd certainly never have found my way there. She was awfully good and took my arm, I was shaking that bad I could hardly stand. Once I'd met the houseparents I felt a lot easier because they were very kind. Before I left they told me which buses to get and they wrote down the number of the bus to ask for. On the way back Mrs. Moffatt took me past the bus stop and said that was where I should get off. I was still feared the next time I went on my own but I was able to get there.

It is argued that the presence of social workers at meetings between parents and children may protect parents from

from the type of caretaker who wishes to discourage them from visiting. In these cases, George (1970) believes that by being actively involved in arrangements for contact, social workers are acting as 'protectors of parental rights.'⁶⁴

Some parents may need protection not only from caretakers but also from their own reactions. At the beginning of the chapter, it was suggested that parents may compensate for their guilt by criticising or over-indulging children who are in care. Kline and Overstreet (1972) suggest that a supervised visit 'offers protection for the parent against the unmanageable feelings aroused when he is directly confronted by the parent surrogates and the consequences of his own acting out behaviour.'⁶⁵ The D.H.S.S. Working Party on Fostering Practice (1976) are of the opinion that, if contact is to be successful 'it is essential that the social worker is involved in establishing an acceptable and meaningful relationship with and between all parties.'⁶⁶ If arrangements are left to parents and caretakers this may lead to problems; therefore they suggest it is the responsibility of the agency through the social worker 'to set limits and boundaries which all can tolerate.'⁶⁷ If social workers do not actively intervene in situations where parents pursue a pattern of what Stroud (1967) has termed 'aggressive visiting',⁶⁸ such behaviour may, in Holman's opinion (1973),⁶⁹ provoke the breakdown of the placement.

The relationship between social work involvement and frequency of contact between parents and children was tested out in Tables 6:50 to 6:52. For all parents interviewed, and for both mothers and fathers, there was no significant

Table 6:50 Presence of social worker at meetings between parents and children with frequency of contact - all parents interviewed - 82

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Social worker present : Always	2	5.0	5	17.9	3	21.5
Sometimes - not currently	12	32.5	8	39.2	0	7.1
- all through placement	1		3		1	
Never	25	62.5	12	42.8	10	71.4
Totals	40	100	28	100	14	100

$$\chi^2 = 14.69 \text{ d.f.} = 10 \text{ P} = < 0.50 \text{ not significant}$$

Table 6:51 Presence of social worker at meetings between parents and children with frequency of contact - mothers interview sample 55

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Social worker present : Always	2	8.0	5	21.8	3	42.9
Sometimes - not currently	12	52.0	8	39.1	0	14.2
- all through placement	1		1		1	
Never	10	40.0	9	39.1	3	42.9
Totals	25	100	23	100	7	100

$$\chi^2 = 18.14 \text{ d.f.} = 10 \text{ P} = < 0.50 \text{ not significant}$$

Table 6:52 Presence of social worker at meetings between parents and children with frequency of contact - fathers interview sample 27

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Social worker present : Always	-	-	-	-	-	-
Sometimes - not currently	-	-	0	40.0	-	-
- all through placement	-		2		-	
Never	15	100	3	60.0	7	100
Totals	15	100	5	100	7	100

$$\chi^2 = 15.56 \text{ d.f.} = 6 \text{ P} = < 0.50 \text{ not significant}$$

relationship between the presence of social workers at meetings with children and frequency of contact. Over a third of the parents in the study who maintained some contact with their children had been accompanied by social workers early in the placement but 40% of mothers and 100% of fathers who had maintained frequent contact with their children had always arranged contact directly with caretakers. Although differences were not significant, it is of interest that the social worker's presence was sometimes in evidence in around 40% of cases of both mothers and fathers where contact was infrequent. In view of the difficulties arising from infrequent contact, this might lend support to the theory of protecting parents from caretakers outlined above.

Further evidence to support this view comes from Table 6:53 which shows that only a minority of mothers and fathers welcomed the presence of the social worker at meetings with their children.

Table 6:53 Parents' view on the value of social worker involvement at meetings with their children - all parents interviewed
- 82

	Mothers		Fathers	
	No.	%	No.	%
Prefer to arrange meetings and see children in presence of social workers	6	10.9	2	7.4
Prefer to arrange meetings and see children alone	49	89.1	25	92.6
Totals	55	100	27	100

In all these cases, there had been some difficulty in the placement. Four mothers had just restarted contact after long absences and were very uncertain of how they would be received by children, while the remaining two mothers felt that social workers provided

protection from hostile foster parents. Two fathers welcomed the support of the social worker in answering their children's difficult questions about return.

Unlike these parents, the majority preferred to arrange meeting directly with caretakers without the intervention of social workers. At least eight fathers felt that the presence of social workers was an infringement on their parental rights. As one father put it:

It's my right to see the bairns. I'm not going to wait around for social workers. I went to the home myself and saw them.

Another father said:

Why should I go with the social worker to see my bairns - they're my bairns - I'll see them when and how I like.

In such cases, the presence of the social worker was construed as protection of caretakers from parents rather than protection of parents from caretakers or from their own limitations. One father said:

They make you feel as if you are not fit to see your children. I don't know what they're worried about. Maybe they think you will blow your top. They ought to know you need the foster parent as much as the bairns. You have to accept their terms, like it or not. I'm a reasonable man - you've got to know your place with foster parents or else they take it out on the bairns.

Finally, the presence of social workers, like the presence of caretakers inhibited interchange between parents and children.

A father expressed the views of others:

If the social worker is there, you canna' talk to the bairns straight. You feel you are being watched, they're looking to see if you get on with your children. It makes you worse, you can't talk to them proper.

These comments suggest that the professional skill of the social worker may lie in being able to distinguish between parents who can make adequate arrangements to see their children in care and those who, because of their own fears or anxieties would welcome the provision of transport or the presence of social workers at meetings with their children.

Social workers may need to make a similar distinction about offering verbal encouragement to parents to visit their children. To accomplish this, the social worker must, of necessity, take the initiative in developing what Kline and Overstreet (1972) have termed 'a working alliance with parents.' In their opinion, such an alliance is most possible when 'service to the parents is defined an expected function, built into the agency's practical arrangements and working conditions.'⁷⁰

The social worker must be clear in his own mind of his attitude towards parental limitations. In some cases, particularly where parents have neglected their children, it is all too easy for workers to feel punitive towards parents and, as Timms (1969) has pointed out, forget that they have 'pain and happiness and needs of their own.'⁷¹ The relationship between client and worker must be an honest one. Encouragement based on ambivalence is likely to be perceived as such. As one of the study mothers said:

The social worker tells me I did the right thing to let the bairns be took away, but she makes me feel as if I should have been able to keep them.

If parents who need encouragement do not receive it, then because of their paralysing guilt, they may react as the parents in Elkan's study (1956)⁷² and behave as if the child no longer existed

Parents who are limited in this way will 'need constant help in maintaining the links with the child, for coming face to face with the child or with those looking after him is a painful process which is only too easy to avoid.' (Parfitt, 1967)⁷³

If social workers can accept parental limitations, recognise difficulties parents may be facing and offer genuine encouragement, as Kline and Overstreet (1972) have suggested, the social worker's positive attitude can be 'of considerable therapeutic importance'⁷⁴ to parents.

Research evidence from George (1970),⁷⁵ Thorpe (1974)⁷⁶ and Holman (1973)⁷⁷ contrasts the theoretical assumptions about the value of encouragement with its absence in reality. It is suggested that social workers may sometimes take a deliberately alienating attitude towards natural parents or may collude with foster parents in discouraging contact. Even where there is no direct discouragement, George (1970)⁷⁸ argues that parents may be subjected to a passive attitude which neither discourages or encourages persistently but may be equally alienating to parents. The presence of such collusion and passivity in this study will be explored in Chapters 7 and 8.

In contrast to previous research findings, there was some, but no extensive evidence from the study parents to suggest that social workers had indulged in 'persistent alienation of natural parents from their children.' (George, 1970)⁷⁹

One widowed father attributed the decline in contact directly to the intervention of a social worker. He had been asked to withdraw from a foster home because of his tendency to arrive in an inebriated and therefore, rather aggressive frame of mind. The

disruption caused by his attitude had been unacceptable both to the social worker and the foster family. Alternative arrangements had been made for the father to see his children at his own home but these had not worked out satisfactorily, due to his opinion, to the conscious wish of the foster parents 'to keep the bairns for themselves.'

In a second case in the interview sample, a child had been moved to a foster home in the Highlands without the consent of his mother, an action which had aroused in her considerable anger and dissatisfaction with the placement arrangements. The case file provided no indication as to why this decision had been made but the mother saw it as a deliberate attempt to sever contact between herself and her child. Despite the barrier imposed by the distance, on her own initiative, she has continued to maintain consistent contact with her child.

In other cases, there was no way of telling whether the use of distant placements was a deliberate attempt to alienate parents or was merely the result of expediency.

The overall influence of social work encouragement on contact between the interviewed parents and their children was tested out by developing two definitions of encouragement.

The first definition related to all parents interviewed, who were asked to say whether they had been invited to see their children by social workers. In this case, a distinction was made between social work interest which had been initiated at reception into care and interest which had been offered only after care had commenced. The second definition of encouragement related to cases where contact between parent and child had lapsed either temporarily

or permanently. In these cases, encouragement was defined as the sustained activity of social workers which brought about a renewal of contact.⁸⁰

In relation to the first definition - of social work interest - as Tables 6:54 - 6:56 show, there was a very significant relationship between social work interest and frequency of contact for all the parents interviewed ($\chi^2 = 17.82$, d.f. = 4, $P = < 0.01$) there was a significant relationship for mothers ($P = < 0.05$) and an extremely significant relationship for fathers ($P = < 0.001$). In 78.2% of cases of mothers and 66.7% of cases of fathers, encouragement to maintain contact with children had been given by social workers at some stage during the placement.

The timing of encouragement was of particular interest. In 56% of placements where mothers maintained frequent contact with children, and 80% of placements where fathers maintained frequent contact, encouragement had been offered by social workers around the time of reception into care. By contrast, other parents had experienced far less encouragement at this stage. Where parents had no contact with children in the previous year, only one mother had been asked whether she wanted to see her children. The positive relationship between early social work intervention of this sort and the maintenance of frequent contacts between parents and children reaffirms the view that reception into care is 'a crucial time in establishing the possibility of continuity of contact.' (Stevenson, 1968)⁸¹

Table 6:54 The influence of social work encouragement on frequency of contact between parents and children - all parents interviewed - 82

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Encouragement at or near reception into care	26	65.0	9	32.1	1	7.1
Encouragement later only	6	15.0	12	42.9	7	50.0
No encouragement at any time	8	20.0	7	25.0	6	42.9
Totals	40	100	28	100	14	100

$$\chi^2 = 17.82 \text{ d.f.} = 4 \text{ P} = < 0.01$$

Table 6:55 The influence of social work encouragement on frequency of contact between parents and children - mothers interview sample 55

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Encouragement at or near reception into care	14	56.0	8	34.8	1	14.3
Encouragement later only	6	24.0	12	52.2	2	28.6
No encouragement at any time	5	20.0	3	13.0	4	57.1
Totals	25	100	23	100	7	100

$$\chi^2 = 10.68 \text{ d.f.} = 4 \text{ P} = < 0.05$$

Table 6:56 The influence of social work encouragement on frequency of contact between parents and children - fathers interview sample 27

Encouragement at or near reception into care	12	80.0	1	20.0	5	71.4
Encouragement later only	-	-	-	-	-	-
No encouragement at any time	3	20.0	4	80.0	2	28.6
Totals	15	100	5	100	7	100

$$\chi^2 = 26.0 \text{ d.f.} = 1 \text{ P} = < 0.001$$

While the communication of an attitude of interest by social workers early in the placement may be enough to encourage continuing contact between many parents and children, in other cases social workers may need to take a more assertive approach. It has already been shown that some parents were unable to face their children's negative reactions and in ten cases, without social work support to help parents tolerate and understand their children's reactions, contact had declined. A further ten of the study parents said they had also been tempted to cease contact early in the placement. If social workers had not taken the initiative in explaining to these parents the normality of their children's reactions to separation and reassuring them of their continued place in their children's lives, contact might well have lapsed completely. The following comments of a father and a mother illustrate the uncertainty felt by parents at this time and the effectiveness of social work encouragement in helping them overcome their doubts.

A divorced father: Miss McKinnon came round to see why I hadn't been up to see the bairns. I told her that they were awful upset when I went so I didn't think it was a good thing to go again. She told me that this would pass and that they needed me to visit or else they would be even more upset. She was right but I don't think I would have gone back if she hadn't taken the trouble to come and fetch me.

A mother who had been evicted: I couldn't bear to go back when the bairns greeted. It was too upsetting for everyone. Then the social worker came round to see why I hadn't been to see them. I told her I wanted to see them but I couldn't face them being that upset. She explained about them needing me. I think I didn't really believe her but she said she would go with me until they settled. Somehow she understood how I felt. I couldn't have gone on my own.

One of the problems facing social workers is whether or not to encourage parents to renew contact after it has lapsed. They may well be presented with a conflict of interests between the overt stability of the child, the desire of caretakers to take over parenting roles and the recognition that a child needs to have a realistic picture of his natural family. Social workers may need to recognise that even where rehabilitation is not possible, 'parents continue to be important to their children as links with their origins and part of their self identity' (D.H.S.S. 1976)⁸².

There were six parents in the interview sample who, after a lapse in contact with Social Work Departments, had been sought out by social workers shortly before the study commenced. Although contact in the form of meetings with children was renewed in only three cases, the other three have been included since they illustrate firstly, the insecurity these parents felt and secondly, the reassurance they found in the encouragement of social workers. In four out of the six cases, the initial impetus for contact had come from the children in care who had expressed an interest to social workers about meeting their parents, or exchanging letters or photographs. In only two cases had such meetings resulted in children returning from care, but there was no doubt that, from the parents' point of view, any renewed contact was positive. In one of the families where children returned the mother described the renewal as follows:

I never thought that the children would want to see me again. I daren't get in touch for fear of what the Welfare and the Home would

think of me. My sister came back from Germany - her man's in the Army. She told me off proper when she realised the children were in care and took me up to the Social Work Department the next day. I'd never have gone on my own, but through her I've now got the bairns back.

Another family where both parents were interviewed had let contact decline for similar reasons. The father described how the return had occurred as follows:

Well, of course we wanted the bairns back home with us, but we didn't know whether it would be possible. Once they're taken away, they're usually in care for good. We'd never thought of having them back home because we didn't know. Then this young lassie turned up and asked us if we'd like to see the bairns. We visited a couple of times and then they came home. It was as simple as that.

One mother was a long-stay patient in a psychiatric hospital. After a lapse of contact of ten years, a new social worker took the foster parents and her adolescent son to visit her in hospital. Her reaction to this was as follows:

I couldn't think he was my boy. He looked that fine. I liked the folks who were looking after him. I hadn't forgotten him but I couldnna' imagine I'd see him again.

Two mothers interviewed in England had also renewed contact in the recent past. One had restarted visiting and the other had exchanged letters and photographs. Both commented on their feelings of inadequacy and insecurity about knowing whether they could or should get in touch with their children again. They also spoke of the tremendous relief and reassurance they had felt when they were approached by the social worker. As one of the mothers put it:

I couldn't believe it when they wrote and told me that my wee one was interested in seeing me

again. I thought, what for would he want to see me, after all, I had left him when he was a babe. It makes so much difference to know that he thinks I'm still his mother. I hope that one day when he's older he will come to see me.

In her study on foster care, Thorpe (1974) found similar uncertainty among parents who had lost contact with their children. 'Parents tended to feel that social workers had lost interest in them, they were often unsure of their rights and lacked the social confidence to make the first move. They seemed to need repeated reassurance from social workers that their participation was valued.'⁸³

The influence of the type of placement and the attitude of caretakers on parental contact

One of the major factors which had caused a change in patterns of parental contact was parents' experience of the placement. Parents' assessment of the attitude of caretakers towards them, the facilities afforded by different homes and their views on the type of home in which their children were placed all contributed to the pattern of contact between parents and children.

The type of placement and frequency of contact

In order to see whether the patterns of contact varied between children's homes and foster homes, the frequency of contact was compared with the type of home in which children had been placed. Comparisons were available from both the total and the interview samples. It can be seen from Tables 6:57 and 6:58 that children who were in residential care had far more contact with both their mothers and their fathers than children who were in foster care. 33% of mothers and 24% of fathers had frequent contact with children in children's homes, compared with only 11.2% of

Table 6:57 Contact between parents and children with return from care - foster homes, total placement sample 89

Mothers 89										Fathers 89									
Returned			In care			Total contact mothers				Returned			In care			Total contact fathers			
No.	%		No.	%		No.	%			No.	%		No.	%		No.	%		
Frequent	4	25.0	6	8.2		10	11.2			5	31.3		7	9.6		12	13.5		
Infrequent	11	68.7	10	13.7		21	25.6			4	25.0		4	5.5		8	9.0		
No contact	1	6.2	54	74.0		55	61.8			7	43.7		62	84.9		69	77.5		
Parent dead	-	-	3	4.1		3	3.4			-	-		-	-		-	-		
Totals	16	100	73	100		89	100			16	100		73	100		89	100		

χ^2 (mothers contact with return) = 30.54 d.f. = 3 $P = < 0.001$ χ^2 (fathers contact with return) = 13.0 d.f. = 2 $P = < 0.01$

Table 6:58 Contact between parents and children with return from care - children's homes, total p'ment sample 100

Mothers 100										Fathers 100									
Returned			In care			Total contact mothers				Returned			In care			Total contact fathers			
No.	%		No.	%		No.	%			No.	%		No.	%		No.	%		
Frequent	17	47.2	16	25.0		33	33.0			11	30.6		13	20.3		24	24.0		
Infrequent	13	36.1	15	23.4		28	28.0			9	25.0		21	32.8		30	30.0		
No contact	6	16.7	32	50.0		38	38.0			16	44.4		29	45.3		45	45.0		
Parent dead	-	-	1	1.6		1	1.0			-	-		1	1.6		1	1.0		
Totals	36	100	64	100		100	100			36	100		64	100		100	100		

χ^2 (mothers contact with return) = 12.07 d.f. = 3 $P = < 0.01$ χ^2 (fathers contact with return) = 2.04 d.f. = 3 $P = < 0.50$ not significant
 χ^2 (mothers contact/placement) = 17.53 d.f. = 3 $P = < 0.01$ χ^2 (fathers contact/placement) = 22.74 d.f. = 3 $P = < 0.001$

of mothers and 13.5% of fathers whose children were in foster homes. By contrast children in foster homes were far more likely to have less contact with their mothers (61.8% compared with 38% in children's homes) and with their fathers 77.5% compared with 45% in children's homes).

The influence of return on contact between the two different types of homes

Since contact between parents and children was a significant factor in indicating for return from care, it is not surprising, as Tables 6:57 and 6:58 show, that children in both types of care who had returned home had more contact with parents than children who had remained in care. What is of interest is that children currently in residential care still retained more contact with their parents than the same group of children in foster care. Differences were demonstrated by the higher level of significance between the return and in care groups where children were in foster care. (For mothers on a return/non-return dichotomy from foster care $P = < 0.001$ but from residential care $P = < 0.01$.) The higher number of fathers in the total sample who had no contact with their children reduced the level of significance but proportional differences between contact in the two types of care were maintained. (For fathers on a return/non-return dichotomy from foster homes $P = < 0.01$ and from children's homes $P = < 0.50$)

Only 8.2% of children currently in foster care had contact at least monthly with their mothers, compared with 25% who were in children's homes. There was a similar pattern for fathers, with 9.6% of children currently in foster homes seeing their fathers at least monthly compared with 20.3% of children in

Table 6:59 Contact between parents and children in different types of placement with return from care - foster homes, interview sample 29

		Mothers 21				Fathers 8			
	Returned	In care		Total contact mothers	Returned	In care		Total contact fathers	
		No.	%			No.	%		
Frequent	3	33.3	2	16.7	5	23.8	2	100	6
Infrequent	6	66.7	3	25.0	9	42.9	-	-	1
No contact	-	-	7	58.3	7	33.3	-	-	1
Totals	9	100	12	100	21	100	2	100	8

χ^2 (mothers contact w. return) = 7.93 d.f. = 2 $P = < 0.05$ Sample too small for χ^2

Table 6:60 Contact between parents and children in different types of placement with return from care - children's homes, interview sample 53

		Mothers 34				Fathers 19			
	Returned	In care		Total contact mothers	Returned	In care		Total contact fathers	
		No.	%			No.	%		
Frequent	12	63.2	8	53.3	20	58.8	3	42.9	9
Infrequent	7	36.8	7	46.7	14	41.2	2	28.6	4
No contact	-	-	-	-	-	-	2	28.6	6
Totals	19	100	15	100	34	100	7	100	19

χ^2 (mothers contact w. return) = 0.05 d.f. = 2 $P = < 0.90$ not signif. χ^2 (fathers contact w. return) = 0.38 d.f. = 2 $P = < 0.90$ not signif.
 χ^2 (mothers contact/placement = 14.84 d.f. = 2 $P = < 0.001$ χ^2 (fathers contact/placement) = 1.79 d.f. = 2 $P = < 0.50$

children's homes.

Type of placement and frequency of contact - interview sample

As Table 6:59 shows, like mothers in the total sample, interviewed mothers maintained far more contact with their children who were in children's homes than those who were in foster homes ($\chi^2 = 14.84$ d.f. = 2 $P = < 0.01$) The pattern of contact between the interviewed fathers and the children did not reflect that of the total sample and was not significant. This may be accounted for by the smaller sample and the atypical representation of fathers who were interviewed.

As in the total sample, only 23.8% of mothers had frequent contact with children who were in foster homes compared with 58.8% whose children were in children's homes. No child in residential care had lost contact with his mother unlike 33.3% of children in foster care.

The interviewed fathers (Table 6:60) presented a completely different picture with more contact being maintained with children in foster homes and contact being lost more easily with children who were in children's homes. These differences between mothers and fathers reflected the availability of fathers for interview.

The influence of return on the frequency of contact between parents and children in the different types of placement - interview sample

As Table 6:59 shows, the contact between the interviewed mothers and their children who had returned home was more than that in the in care group irrespective of the type of placement. In spite of this, as in the total sample, children from the in

care group in children's homes had far more contact with their mothers than children in foster homes. Differences between the in care and return groups for foster care were significant at the 0.05 level, but for children's homes were not significant. No child in the in care group in residential care had lost contact with his mother and 53.3% saw their mothers frequently but 58.3% of the in care group in foster care had not seen their mothers during the previous year and only 16.7% had seen them at least once a month.

Unfortunately, the percentages for fathers whose children were in foster homes were too small to be measured statistically but the indications from Table 6:60 were that fathers in the interview sample were atypical from the total sample; 75% of the fathers whose children had remained in foster care had retained frequent contact with them. Differences on a return/non-return dichotomy for contact with children in residential care were not significant but there was a tendency for fathers to maintain more frequent contact with children in the in care group.

Although the small group of interviewed fathers would seem unrepresentative of the total sample, certain conclusions can be drawn from findings in the total sample and from those of mothers in the interview sample. Overall, there was considerably more contact between parents and children in children's homes than parents and children in foster homes. Although the contact maintained by families in both types of care was influenced to some extent by whether children returned home or remained in care, the in care group of foster children were particularly disadvantaged.

There is considerable research evidence from other studies to support the lack of contact between parents and children in foster homes. Gray and Parr (1957)⁸⁴ for example, found that 50% of the foster children in their sample had seen no relatives since placement. Similarly, George (1970)⁸⁵ found that 54% of foster children in his study had no visits from parents and only 14% had frequent visits (defined as three monthly). Holman (1973) and Thorpe (1974) had even more bleak results. Holman found that 70% of local authority foster children in his sample saw their mothers less than once a year⁸⁶ while over 80% of families in Thorpe's (1974) study were not in contact.⁸⁷ Two studies which included samples of children who were in both foster care and residential care revealed far more contact between parents and children in residential care. Rowe and Lambert (1973)⁸⁸ reported that, while only 11% of foster children saw a parent monthly, 33% of children in residential care saw their parents at least monthly. Walton and Heywood (1971)⁸⁹ reported similar differences with only 18% of boarded out children having contact at least monthly with parents compared with 60% of children in large local authority homes and 30% of children in small homes.

Writers have attempted to account for these differences. Rowe and Lambert (1973) feel that it is difficult to know whether lack of contact between children and foster parents is 'due to the practical and emotional problems for parents visiting children in foster homes or whether the children for boarding out are those whose parents are unlikely to keep in touch anyway.'⁹⁰

Walton and Heywood (1971) add that 'it is common for children with stronger family links to be placed in children's homes so that placement policies tend to reinforce contact for those children with strong family interests and to make more difficult contact for children whose parents interest and attention is hard to encourage.'⁹¹ Others attribute differences in contact to the nature of shared parental responsibilities inherent in placements of children in care. Kastell (1962) explains that 'parents tend to regard children's homes as part of the services of an official body. Equally they tend to regard foster homes as a form of care for the child that strikes personally at the parent, and a way of ousting them from their natural place in the life of the child.'⁹² Foster parents are in direct competition with parents and in Mapstone's view (1968) they may represent 'the worthy conscientious citizen that the parent might have become.'⁹³

Certainly children in foster homes in this study had less contact with their natural parents. Since many of the parents in these cases were not interviewed there was no way of telling how and why contact had been lost. It was however, possible to explore from the study parents the difficulties presented by visiting foster homes and children's homes. Evidence that foster homes presented more difficulties was borne out by the fact that there had been a greater decline in contact in foster homes than in children's homes.

The influence of the type of home on changes in contact

It can be seen from Table 6:61 that over one third of the children who were in foster homes saw parents less often at the

Table 6:61 Changes in contact with type of placement - all parents interviewed 82

	Foster homes		Children's homes	
	No.	%	No.	%
Contact declined in this placement	10	35.7	11	20.8
Contact increased	2	7.1	7	13.2
No change	11	39.3	34	64.2
Too inconsistent to measure a) little contact b) drastic changes	6	20.6	1	1.9
Totals	29	100	53	100

$$\chi^2 = 12.27 \text{ d.f.} = 4 \text{ } P = < 0.05$$

Table 6:62 Changes in contact with type of placement - mothers interview sample 55

	Foster homes		Children's homes	
	No.	%	No.	%
Contact declined in this placement	6	28.6	7	20.6
Contact increased	2	9.5	5	14.7
No change	7	33.3	21	61.8
Too inconsistent to measure a) little contact b) drastic changes	6	28.6	1	2.9
Totals	21	100	34	100

$$\chi^2 = 9.49 \text{ d.f.} = 4 \text{ } P = < 0.05$$

Table 6:63 Changes in contact with type of placement - fathers interview sample 27

	Foster homes		Children's homes	
	No.	%	No.	%
Contact declined in this placement	4	50.0	4	21.1
Contact increased	-	-	2	10.5
No change	4	50.0	13	68.4
Totals	8	100	19	100

$$\chi^2 = 2.74 \text{ d.f.} = 2 \text{ } P = < 0.50 \text{ not significant}$$

time of the study than at the beginning of the present placement compared with just over one fifth of those who were in children's homes. Differences were significant at the 0.05 level for all parents interviewed and for mothers. Consistent patterns of contact had been maintained more easily to children's homes with over 60% of both mothers and fathers having seen their children consistently throughout the placement in this type of care compared with 33% of mothers and 50% of fathers whose children were in foster homes. Six out of the seven placements where there had been no contact with mothers in the previous year were in foster homes. Seven out of the nine placements where parental contact had increased since reception into care were in children's homes but it must be pointed out that in these cases, the increase seemed to be due to changes in parental circumstances or social work intervention rather than to the type of placement.

The greater threat presented by foster homes

It has been suggested that one of the reasons which might influence parental contact is that foster parents invite comparisons by providing 'the good home' to which parents can aspire. Though a similar envy may arise from seeing house parents as 'the experts', their professional status does not evoke direct comparisons with the care which could be provided in the natural parents' homes. It might well be that, although parents feel the care given in children's homes is less materially and emotionally adequate than the care they could provide, they will be able to accept it more easily.

To test this out, the type of home in which children were

Table 6:64 Parents' assessment of care offered by placement with type of placement - all parents interviewed 82

	Foster home		Children's home	
	No.	%	No.	%
As good as parents' care	11	37.9	12	22.6
Not as good	8	27.5	26	49.0
Better	10	34.5	14	26.4
Don't know	-	-	1	3.0
Totals	29	100	53	100

$$\chi^2 = 4.61 \text{ d.f.} = 3 \text{ } P = < 0.50 \text{ not significant}$$

Table 6:65 Mothers' and fathers' assessment of care offered by placement with type of placement - interview sample mothers 55 and fathers 27

	Foster homes				Children's homes			
	mothers		fathers		mothers		fathers	
	No.	%	No.	%	No.	%	No.	%
As good as parents' care	8	38.1	3	37.5	6	17.6	6	31.6
Not as good	6	28.6	2	25.0	19	55.9	7	36.8
Better	7	33.3	3	37.5	9	26.5	5	26.3
Don't know	-	-	-	-	-	-	1	5.3
Totals	21	100	8	100	34	100	19	100

$$\text{For mothers } \chi^2 = 4.47 \text{ d.f.} = 2 \text{ } P = < 0.50 \text{ not significant}$$

$$\text{For fathers } \chi^2 = 0.95 \text{ d.f.} = 3 \text{ } P = < 0.90 \text{ not significant}$$

placed was compared firstly, with parents' acceptance of the placement and secondly, with parents' evaluation of the care provided in the placement in relation that they could offer themselves. As Tables 6:64 and 6:65 show, there was no significant relationship between the type of home and the standard of care it provided. While no distinct conclusions can be drawn from these comparisons,

there were slight indications that the care given by children's homes was judged by fathers and particularly by mothers, to be less adequate than the care which natural parents could provide themselves. Yet slightly more children's home placements were held to be more satisfactory than foster home placements (51% with 44.8% for the whole group). Mothers were particularly dis-

Table 6:66 Attitudes of parents towards care given with type of placement - all parents interviewed 82

	Foster homes		Children's home	
	No.	%	No.	%
Placement totally satisfactory	13	44.8	27	51.0
Partially satisfactory	11	37.9	13	24.5
Totally unsatisfactory	4	13.8	13	24.5
Don't know	1	33.3	-	-
Totals	29	100	53	100

$$\chi^2 = 4.16 \text{ d.f.} = 3 \text{ } P = < 0.50 \text{ not significant}$$

Table 6:67 Attitudes of mothers and fathers towards care given to children with type of placement - mothers 55 and fathers 27

	Foster homes				Children's homes			
	mothers		fathers		mothers		fathers	
	No.	%	No.	%	No.	%	No.	%
Placement totally satisfactory	8	38.1	5	62.5	18	52.9	9	47.4
Partially satisfactory	10	47.6	1	12.5	9	26.5	4	21.0
Totally unsatisfactory	2	9.5	2	25.0	7	20.6	6	31.6
Don't know	1	4.8	-	-	-	-	-	-
Totals	21	100	8	100	34	100	19	100

$$\text{For mothers } \chi^2 = 4.88 \text{ d.f.} = 3 \text{ } P = < 0.50 \text{ not significant}$$

$$\text{For fathers } \chi^2 = 0.55 \text{ d.f.} = 2 \text{ } P = < 0.90 \text{ not significant}$$

satisfied with foster homes (Table 6:67) even though in some cases, foster parents offered a standard of care which was as ^{g d} soon as or better than the natural parent could provide. Though not conclusive, these results suggest that, while parents may recognise the deficiencies of institutional care, they may also find it more acceptable than foster care.

The stronger potential threat of foster care in comparison to residential care was tested out in another way. It has already been shown that many of the study parents experienced a sense of failure at reception into care. If foster care represents the more direct threat to parental status, then parents may find it particularly difficult to admit that their children have been placed in this type of care. The corollary of this argument is that the stigma of an institution might be equally conducive to denial of the truth.

The two possibilities were tested out by comparing parents replies to the question 'If people ask you where your child is - what would you tell them' with the type of home in which the child was placed. It can be seen from Tables 6:68 to 6:70 that the type of placement affected significantly parents' ability to communicate the whereabouts of the children to others. For the whole group of parents $\chi^2 = 32.97$ d.f. = 4 $P = < 0.001$ and for mothers $P = < 0.001$ and for fathers $P = < 0.05$. The lower significance for fathers might have indicated that they found it generally easier to admit to others that their children were in care. But both mothers and fathers found it equally hard to admit to others that their children were in foster care.

Table 6:68 Parents' ability to state whereabouts to others with type of placement

	Foster home		Children's home	
	No.	%	No.	%
Say child in foster home	8	27.6	-	-
Say child in children's home	-	-	26	49.1
Say child in care	4	13.8	12	22.6
Say child with relative	6	20.7	6	11.3
Say child away from home	11	37.9	9	17.0
Totals	29	100	53	100

$$\chi^2 = 32.97 \text{ d.f.} = 4 \text{ } P = < 0.001$$

Table 6:69 Mothers' ability to state whereabouts of child with type of placement - mothers interview sample 85

	Foster home		Children's home	
	No.	%	No.	%
Say child in foster home	5	23.8	-	-
Say child in children's home	-	-	15	44.1
Say child in care	3	14.3	10	29.4
Say child with relative	4	19.0	3	8.8
Say child away from home	9	42.9	6	17.6
Totals	21	100	34	100

$$\chi^2 = 22.7 \text{ d.f.} = 4 \text{ } P = < 0.001$$

Table 6:70 Fathers' ability to state whereabouts of child with type of placement - fathers interview sample 27

	Foster home		Children's home	
	No.	%	No.	%
Say child in foster home	3	37.5	-	-
Say child in children's home	-	-	11	57.9
Say child in care	1	12.5	2	10.5
Say child with relative	2	25.0	3	15.8
Say child away from home	2	25.0	3	15.8
Totals	8	100	19	100

$$\chi^2 = 12.85 \text{ d.f.} = 4 \text{ } P = < 0.05$$

73.5% of mothers and 68.4% of fathers whose children were in children's homes were able to talk about the placement to others, compared with 38.1% of mothers and 50% of fathers whose children were in foster homes. Both mothers and fathers whose children were in foster homes tended to deny this to others, telling them children were staying with relatives or were just away from home.

The descriptions given by the interviewed parents support the interpretation of the findings. Although parents were ashamed of children being in care, irrespective of whether they were in foster care or residential care, any stigma accruing to residential care was overcome by the fact that children's homes were seen as part of the general resources offered by Social Work Departments. Although some parents viewed foster homes in this light, the majority who were unable to tell others that their children were in foster care saw the foster family as a personal replacement for themselves. Differences were expressed by semantic distinctions. On talking about residential care, parents generally referred to 'the home' and 'the staff' whereas in talking about foster care, they invariably talked about 'Mr. & Mrs. So-and-so', rather than the foster parents or the foster home. The comments of two mothers illustrate the differences:

A mother whose child was in a children's home:
I'd tell them straight when people ask me - he's in care in the home. You feel dreadful about it but in the circumstances there was nothing else I could do. After all, that's what the Welfare is there for.

A mother whose child was in foster care:

I was that ashamed that someone else was looking after my bairns. I canna' face people with the truth. When they ask me I say to them they're away in the North with my sister.

The advantages and disadvantages of children's homes and foster homes

Apart from the reasons given above, when asked to state their preference directly, it was clear that parents infinitely preferred children's homes to foster homes. This was tested out by asking parents how they would have felt if their children had been in a different type of care. The results of their answers are shown in Table 6:71. Over three-quarters of the parents forty (75.6%) whose children were in children's homes said they would have felt worse if their children had gone to a foster home. Only three (5.6%) would have preferred a foster home and the remaining 18.8% were indifferent to the type of care their child was in. From those in foster homes, there was a very different point of view.

Table 6:71 Preference for type of care according to present type of care - all parents interviewed

	Mothers				Fathers			
	Present Children's home		Present Foster home		Present Children's home		Present Foster home	
	No.	%	No.	%	No.	%	No.	%
Foster home preferred	1	2.9	3	14.3	2	10.6	4	50.0
Children's home preferred	28	82.3	10	47.6	12	63.1	4	50.0
Placement makes no difference	5	14.8	8	38.9	5	26.3	-	-
Totals	34	100	21	100	19	100	8	100

Only 24.1% said they would have felt worse if their children had gone to children's homes. On the other hand, nearly half the parents in this group 48.3% felt that a children's home would have been preferable. The remaining 27.6% felt that it didn't make much difference. Mothers held stronger preferences for children's homes than fathers. This might have been related partly to the more direct threat imposed by the mother/foster mother relationship. Fathers still maintained their children which was more in line with their normal role of breadwinner. Another reason might have been that some of the children of the study fathers had been received into care because of their mother's desertion. Fathers were pleased that foster homes offered a mother-substitute. Table 6:72 shows the distribution of parent's views on the advantages and disadvantages of the different types of care.

The advantages of children's homes

The advantages of children's homes were as follows:

They provided more flexibility of visiting arrangements.

Families could be kept together.

Children would meet others in a similar situation which would provide reassurance and comfort.

Children's physical needs would be adequately met.

The professionalism of houseparents prevented them from stealing children's affection or getting attached to children themselves.

The disadvantages of children's homes

The only disadvantages of children's homes which parents could see were that children did not get individual attention and that for some, there was a stigma attached to being in a children's home.

Table 6:72 The advantages of children's homes

	Mothers		Fathers	
	No.	%	No.	%
Flexibility of visiting	26	47.3	13	48.1
Siblings together	11	20.0	8	29.6
Children share experiences	6	10.9	2	7.4
Children's needs met adequately	29	52.7	10	37.0
No threat to parents	31	56.4	14	51.9
Totals	103	187.3	47	174.0

Disadvantages of children's homes

	Mothers		Fathers	
	No.	%	No.	%
No individual attention	3	5.5	5	18.5
Stigma of being in a home	1	1.8	3	11.1
Totals	4	7.3	8	29.6

Advantages of foster homes

	Mothers		Fathers	
	No.	%	No.	%
Family atmosphere	3	5.5	4	14.8
Better material promise	1	1.8	2	7.4
Totals	4	7.3	6	22.2

Disadvantages of foster homes

	Mothers		Fathers	
	No.	%	No.	%
Little privacy & no flexibility	26	47.3	13	48.1
Siblings separated	11	20.0	8	29.6
Foster parents not professionals	14	25.5	7	25.9
Material gain only claim	5	9.0	8	29.6
Foster parents threat to parents	31	56.4	14	51.9
Totals	87	158.2	50	185.1

Totals more/less than 55 & 27 and percentages more/less than 100

The disadvantages of foster homes

The disadvantages of foster homes greatly outweighed those of children's homes. They were as follows:

Foster homes offered little privacy for visiting and a more inflexible range of visiting times.

It was difficult to keep siblings together in a small foster home.

Foster parents were not professionals which resulted either in children being spoilt or led to a lack of understanding of the needs of children in separation.

Foster parents were sometimes fostering for material gain only.

Foster parents became attached emotionally to children and sometimes tried to take the place of parents.

The advantages of foster homes

There were a minority of parents who felt that foster homes could offer a family atmosphere which would not be found in a children's home. Sometimes foster parents could offer far better material provision than children's homes or the parents themselves.

Irrespective of whether children were in residential or foster care, the major factors which influenced contact between parents and children were the attitude of caretakers towards parents and the general facilities provided by the home.

Arrangements offered by homes for parental visits

One of the main criteria used by parents to evaluate the differences between children's homes and foster homes, was that children's homes provided more flexible visiting arrangements. Although a minority of children's homes had rigid visiting hours, the majority provided a flexible system which

fitted in with natural parents' domestic arrangements. This was particularly important for parents who were in full-time employment. Two fathers, whose children were in a voluntary home expressed their appreciation about being able to call in to see their children on the way home from work and assist in the bedtime routine. Some foster homes gave an open house invitation to parents but the general feeling was that foster parents guarded their privacy jealously, so that the times and duration of visits were often limited. While natural parents could appreciate that foster parents needed to preserve some privacy for their family, they resented the limitation that such needs imposed upon the contact they maintained with their children. At least three parents suggested that foster parents had deliberately obstructed contact.⁹⁴

Another facility offered more often by children's homes was the provision of telephone contact with children. All of the fifty-three children's homes used by parents had telephones, compared with only twelve out of the twenty-nine foster homes.

The value of seeing children in private

Apart from this sort of flexibility, one of the major advantages of children's homes was that they provided greater opportunity for privacy; to be alone with children. As Table 6:73 shows, although 13 parents felt that the provision of this facility was unimportant and a further 3 always preferred to see their children in the company of others, the majority of parents, 80.5% said they preferred to see their children in private.

Table 6:73 Parents' preference for meetings with children - interview sample, mothers 55 and fathers 27

	Mothers		Fathers	
	No.	%	No.	%
Prefer to see children alone	46	83.6	20	74.1
Prefer to see children with others present	1	1.8	2	7.4
Makes no difference	8	14.6	5	18.5
Totals	55	100	27	100

Table 6:74 Arrangements for contact between parents and children - interview sample, mothers 55 and fathers 27

	Mothers		Fathers	
	No.	%	No.	%
Always/sometimes see child at placement	51	92.7	23	85.2
Always/sometimes take children out	22	40.0	12	44.4
Always/sometimes see children at parental home	11	20.0	8	29.6
Totals	84	143.7	43	159.2

Note: Numbers greater than 55 and 27 and percentages greater than 100% since more than one type of arrangement used.

Furthermore, since as Table 6:74 shows, 90.6% parents always or sometimes saw their children at the home of caretakers, the provision of privacy was extremely important. Not all parents who visited their children alone were able to do so. Children's homes offered far more opportunity for meetings in private as Table 6:75 shows. In 94.6% cases where placements offered this facility, it was in children's homes. Where children's homes did not provide facilities, visits were viewed with equal frustration to those in foster homes.

Table 6:75 Facility for parents to see child alone with type of home - homes in interview sample with facility 55

	Mother sees child (ren) alone No.	Father sees child (ren) alone No.
Foster home	3	2
Children's home	36	14
Totals	39	16

Parents felt that seeing their children alone was important for three reasons: it helped retain the relationship between parent and child; it enabled parents to ensure that children were being well looked after, and most importantly, it made parents feel that they had a valued and trusted role to play in their children's care. Their comments illustrate their frustration when they were unable to see children alone.

A father who visited his children in a children's home: There is no privacy when you see them. I think they should have a visiting room. There's no facilities just the playroom where the other children are running about making a noise. How can you talk to the kids in this sort of room? The matron makes you feel as though you're under supervision, she makes you feel as though you've committed a criminal offence. You feel you're being watched all the time to see if you are going to say anything bad to the bairns.

A mother who visited her children in a children's home: I don't like it when the houseparents are around - I feel as though they're watching me, feared as if I am going to take the bairns out. I think they should trust me now after three years.

A mother who had children in two different children's homes: In the first place, I was taken into the nursery and all the other children were chased out. They kept coming back and the matron as well. If you got talking to the bairns, you always got interrupted. Now the other place, that's a home.

They said for me just to let them know when I was coming and I could see them any time. When I go, I can see them by themselves, sometimes I put them to bed. You don't feel in the way. They make you feel as if you're wanted.

A mother who visited a foster home: You feel like you're intruding as if you don't belong there and your bairns don't belong to you. They're very welcoming and all that, but all the time they're there watching you. You canna' tell the bairns what you like and you canna' ask them what the home is really like.

Another mother who visited a foster home: I never know what to say when I go there. You're expected to sit down and talk to the bairns. I can't talk to them I talk to Mrs. Anderson instead.

A mother who saw children in a foster home: She's always hovering around, popping in and out of the room, offering you cups of tea and that. I think she's feared that the bairns are going to tell us something she doesn't want us to know. If I saw them on their own, then I would know what was really going on.

A father who visited a foster home: No child's going to tell you what he thinks of the foster parents when they're sitting there, is he now? If he says something bad in front of the foster parents, they might take it out on him later on.

40 - 50% of parents sometimes solved the problem of seeing children alone by taking them out (see Table 6:74) but only one mother always did this. While an outing provided an opportunity to talk to children on their own, it also had disadvantages. It was difficult to know where to take children to pass the time, and sometimes the expense of providing entertainment for the day was beyond parents' means. There was also the problem that, at the end of the day, parents had to face returning their children to the children's home. The problems were illustrated by three parents.

A father who visited his children regularly:

I like to take them out sometimes for a treat, but I wouldn't want to do it all the time. Besides I couldn't afford it. All children of that age want is material gain. When you go to see them the first thing they say is where is my pocket money. When you take them out its worse, they want sweets and toys.

A mother who visited her children in a children's home several miles away:

I took them out to the town. It rained all the time and we got soaked. The wee ones were crying and I didn't know what to do with them. We went and sat in a cafe for a long time. Then I just took them back to the home because there didn't seem to be any point.

A mother whose children were in a foster home:

Its great to take them out for a treat. I like to see their faces and how much they are enjoying themselves. The worst part is when you have to get them back. They don't want to go and its an awful job to take them back when they're crying.

There were a minority of parents whose children were in long term care who had come to what they considered to be very satisfactory arrangements with caretakers that they should see their children at the parental home. The initiative for this pattern of contact had come either from social workers or from caretakers. What was particularly interesting about these cases was that they provided an opportunity for parents who saw little hope of an immediate return of their children, to maintain certain aspects of the parenting role. There was, for example, the case of the mother, Mrs. McKenzie, who suffered from alcoholism, whose children had been in several children's homes. At the time of the study they had been placed in a small voluntary home and arrangements were made to return the children to their mother almost every weekend and during the holidays. Such an arrangement enabled Mrs. McKenzie to use her adequate but limited ability for parenting

very successfully on a part time basis. This arrangement had been arrived at by mutual agreement with the social worker and the houseparents. Mrs. McKenzie described her satisfaction with the arrangement.

I guess I'm the lucky one, I've got the best of both worlds. Its not like a home where they are more like them being at school. I used to get awful tense with the bairns, and sometimes used to batter them. When they come for the weekend, I look forward to them coming and know I can last out for that time. Mrs. Dickson's always telling me now that I am a good Mum and that I do things proper when the children come home. I think the bairns know they've got a home to come to and that's important too.⁹⁵

A second example of how the contact between parent and child could be helped by such an arrangement was given by a widowed father whose adolescent son was in a foster home. At first the visiting arrangements were not satisfactory at all. The father described how he used to upset the foster parents because he couldn't always manage to visit at the times they felt were appropriate. In this case too, the social worker had suggested that the patterns of contact should be changed. The father described the changes as follows:

It never worked when I went there. They were always out or it was the wrong time for me to go. I never felt I could talk to my boy with them being there. You always have to say everything is fine even if you feel it isn't. Now he comes home. That's much better. We get on just fine. I feel its important to keep the home going and I hope that one day they'll all come back when they're old enough to manage on their own.

The advantages of seeing children in like predicament

One of the advantages which parents felt was offered by children's homes was that children were able to be with others who were similarly disadvantaged. By sharing experiences with

others, children would be reassured that their reception into care was not a personal rejection. One mother explained:

I think its better for them to be in the home, they meet other children like them. They can tell each other why they are there - realise they are not bad, say - 'my Mum's in the hospital - where's yours?' If they're with a family, they will want to know why they don't have a Mum and Dad, especially if the family have other children of their own.

At least three fathers and one mother observed with a certain amount of Calvinistic zeal, that the sight of others less fortunate than themselves would make children appreciate their own families more when they eventually returned home.

The advantages of siblings being kept together

Another advantage which children's homes offered over foster homes was that siblings could be kept together. As a father put it:

If they haven't got us, at least if they have each other, that's something, isn't it?

If siblings were not together, all but one of the families in the study felt that contact should be promoted.⁹⁶

The professional worker versus the layman

A third advantage of children's homes was that house-parents were 'professionals' in contrast to foster parents who were seen to be in direct competition with natural parents. This was expressed by the attitude, 'Once foster parents get their hands on children you never get them back,' or by the view that if children stayed with foster parents for some time, it was inevitable they would form a close relationship. As one mother put it:

I would feel bad about taking the children away from someone. I know how I felt the day they went

away. Its cruel to expect someone not to get attached to them after a time.

There was little acknowledgement that the 'professional' houseparent might experience a comparable sense of loss. Consequently, children's homes did not pose the same threat as the comments of these two parents show. One mother said:

They get looked after, but the people in charge are just doing a job, that's how it should be.

A father commented:

I wouldn't want the children to be looked after by someone else, a home is different, it's their job.

Furthermore, although meetings with houseparents might evoke in parents some sense of failure, this was diffused by the impersonal nature of the institution, while confrontation with a foster family was a meeting with potential rivals. Parents discussed their discomfort in terms of embarrassment. The following comments illustrate the difficulties they experienced. One mother said:

I didn't want a foster home - they were there for two days before they went to the children's home. I didn't go to see them there, I would have been too embarrassed. A home is freer, you don't feel there is someone close to your children.

And a father commented:

I'd have been that embarrassed to see the bairns in a foster home. You'd be seeing someone else doing the job you should be doing. A home now, that's different. They're there to look after the bairns aren't they? You still know they belong to you.

Sometimes, foster parents were thought to be motivated solely by material gain. This argument was applied particularly to the minority of quasi-professional foster homes which took several foster children. Parents made comments like:

She's far too much on her hands, she thinks more of her own bairns than she does of mine. I think she's just in it for the money.

or remarked:

I can't understand why people want to foster children except to make money. Why else would you do a job where children come to your home, you get fond of them and then it breaks your heart when they have to go away.

Another criticism was that foster parents distinguished between their own children and the foster child. As one mother put it:

She's always trying to make out that her children are better than mine. Or that their clothes are better or that mine don't look well when they've been away for the weekend.

Although several houseparents in the study had their own children living in the children's home this did not seem to present the same problems.

Dissatisfaction with foster homes also sprang from poor physical standards. Care was symbolized by clean clothes and full stomachs. While it could be argued that criticism was conceived out of parental anger about reception into care, at least three mothers were able to use the experience of different foster homes to support their case. As one said:

It's a matter of luck what you get. See me, I've had good ones and bad ones; Mrs. Jarvie, she's a wee gem - she's like my pal. Mrs. Campbell I couldna' stand her - she was all out for the money. The bairns complained they didna' get enough to eat. If they (the children) are in a home, you know where you are - they have controls - rules like-they have to be good. You never see a dirty bed or a hungry child in a home do you?

The provision of a family atmosphere

One of the few advantages attributed to foster homes by

parents was that they provided children with the opportunity to develop within a normal family atmosphere. In a children's home they would not get the same individual attention and sometimes other children would taunt them at school and remind them that they were 'the children from the home'. These advantages were not given away free and had to be paid for by a loss in parental status, as the view of a mother whose child was in a long term foster home shows:

You don't have a free hand with foster homes, but its better for him, he's getting a normal life and he has a home like other boys. They don't get the same attention in a home.

Others were more positive as the comments of a single mother and a widowed father show:

Its a beautiful place, they've got everything there for him that I couldn't give him. He gets affection too, I can't look after him and that's the place I would have chosen for him. A children's home would have been very bad. At least in the foster home he's got another lot of parents hasn't he.

After the wife died the bairns were difficult to handle. In a foster home they get a mother's love. They wouldn't have got that in the children's home, especially the girl, she needs a lot of attention, she's that age, ye ken (14).

Weighing up the lack of individual attention in children's homes against the possessiveness of foster parents, at least six parents thought that the ideal compromise would be a small family group home where the children could be looked after individually by houseparents who would not present a threat to either children or parents. One father described his ideal:

A children's home run on family lines is very good I think. Foster parents get too attached, they want the child to be part of their family.

Of course if the likes of myself were visiting frequently they wouldn't get the chance to get attached. Now the home where the bairns are, they're treated like individuals, they all get birthday cards and the like. You can visit a children's home when you like, but with a foster parent you have to fit in with their routine.

Apart from parents' views on the facilities that children's homes and foster homes should offer and their comparisons of the attributes and deficiencies of both types of care, it was clear that one of the major factors which influenced parental contact was the attitude of individual caretakers towards parents. Part of this attitude encompassed a general impression of the atmosphere perceived in the home, but it also included the degree of encouragement or discouragement the parent had received on visiting his child.

The attitude of caretakers towards natural parents

The relationship between the attitude of caretakers and the frequency with which parents see their children is a two way process. On the one hand, natural parents may be deliberately alienated by caretakers who wish to exclude them from the caring process. On the other hand, once a decline in contact has begun, this may be perceived by caretakers as indifference on the part of parents. Such a perception may then increase their own hostility. As a result, a vicious circle of decline in contact and hostility towards parents is created. A full exploration of the reasons why caretakers may adopt these attitudes and the influence social workers can have on modifying them will be discussed in Chapter 7. Briefly, it appears that caretakers may be motivated towards alienation of natural parents partly by their desire to

become the child's parents themselves and partly through a lack of understanding of natural parents' filial deprivation.

In this chapter, the aim is to investigate the relationship between natural parents' perception of caretakers' attitudes and the contact they maintained with their children.

Measuring attitude of caretakers

The attitude of caretakers to parents was measured in three ways. Firstly, parents' perceptions of caretakers' attitudes were compared with the contact that had been maintained with children during the past year. Secondly, in order to test out whether parental perceptions matched those of caretakers, the views of both were compared. Thirdly, comparisons was made of the attitudes between foster parents and houseparents and the effect any differences between the two groups had on frequency of contact.

The relationship between attitude of caretakers and frequency of contact between parents and children

Table 6:76 shows that for all the parents interviewed there was a very significant relationship between attitude of caretakers and contact. ($\chi^2 = 31.67$ d.f. = 8 $P = < 0.001$) For mothers, differences were significant at the 0.01 level and for fathers at the 0.05 level. It can be seen from Table 6:77 and 6:78 that mothers were far more affected by the attitude of caretakers than fathers. 60% of mothers and 53.3% of fathers who saw their children at least monthly had been strongly encouraged to maintain contact by caretakers. Only 17.4% of mothers but no fathers who saw their children at least once a year had received encouragement. Mothers who had no contact with their children generally perceived negative attitudes towards them. By contrast, 42.9% of fathers in

Table 6:76 Parents' perception of caretakers' attitude with contact between parents and children with frequency of contact - all parents interviewed 82

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Strongly encourage contact	23	57.5	4	14.3	3	21.4
Encourage with reservations	9	22.5	7	25.0	3	21.4
Discourage with reservations	7	17.5	11	39.3	1	7.1
Strongly discourage	1	2.5	3	10.7	5	35.7
Don't know	-	-	3	10.7	2	14.4
Totals	40	100	28	100	14	100

$$\chi^2 = 31.67 \text{ d.f.} = 8 \text{ P} = < 0.001$$

Table 6:77 Mothers' perception of caretakers' attitude with contact between mothers and children with frequency of contact - mothers, interview sample 55

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Strongly encourage contact	15	60.0	4	17.4	-	-
Encourage with reservations	4	16.0	6	26.1	1	14.3
Discourage with reservations	5	20.0	8	34.8	1	14.3
Strongly discourage	1	4.0	2	8.7	5	71.4
Don't know	-	-	3	13.0	-	-
Totals	25	100	23	100	7	100

$$\chi^2 = 29.17 \text{ d.f.} = 8 \text{ P} = < 0.01$$

Table 6:78 Fathers' perception of caretakers' attitude with contact between fathers and children with frequency of contact - fathers, interview sample 27

	Frequent		Infrequent		No contact	
	No.	%	No.	%	No.	%
Strongly encourage contact	8	53.3	-	-	3	42.9
Encourage with reservations	5	33.3	1	20.0	2	28.6
Discourage with reservations	2	13.3	3	60.0	-	-
Strongly discourage	-	-	1	20.0	-	-
Don't know	-	-	-	-	2	28.6
Totals	15	100	5	100	7	100

$$\chi^2 = 19.13 \text{ d.f.} = 8 \text{ P} = < 0.05$$

this group had been strongly encouraged to maintain contact.

These findings would suggest several points. Firstly, that the attitude of caretakers towards parents who maintained frequent contact with their children was, on the whole, more positive than where little or no contact existed. Over three quarters of both mothers and fathers who had maintained contact at least monthly had been generally encouraged to do so. Ambivalence towards parents increased as contact declined. Where contact was infrequent, fathers had been far less put off by this ambivalence than mothers. 80% of fathers had continued to visit with this frequency in spite of discouragement compared with 43.5% of mothers. Although mothers who had no contact with children had been discouraged from visiting, this factor did not influence the lack of contact between fathers and children. Nearly three quarters of the fathers in this group had been encouraged to keep in contact but attributed lack of contact to other factors. These findings would seem to bear out the suggestion made earlier in the chapter that the relationship between the study caretakers and mothers held more potential difficulties than that between fathers and caretakers. Mothers were more affected by their children's reactions, were more concerned that their children were forming attachments with caretakers and showed a stronger preference for children's homes.

Comparison of the views of caretakers and parents

To test out whether parental perceptions matched those of caretakers, the natural parents' views on caretakers' attitudes were compared with the attitudes put forward by the study care-

Table 6:79 Comparisons of caretakers' actual attitudes towards mothers with mothers' perception of attitude - mothers interview sample 55 (43)

	Mothers feel care-takers encourage		Mothers feel care-takers discourage	
	No.	%	No.	%
Caretakers encourage parents	21	80.8	3	21.4
Caretakers discourage parents	5	19.2	14	78.6
Totals	26	100	17	100

Sample = 43 where both mothers and caretakers interviewed. Don't know excluded. Agreement = 35 out of 43 = 81.4%.

Table 6:80 Comparisons of caretakers' actual attitudes towards fathers with fathers' perceptions of attitude - fathers interview sample 27 (23)

	Fathers feel care-takers encourage		Fathers feel care-takers discourage	
	No.	%	No.	%
Caretakers encourage parents	13	76.5	2	33.3
Caretakers discourage parents	4	23.5	4	66.7
Totals	17	100	6	100

Sample = 23 where both fathers and caretakers interviewed. Don't know excluded. Agreement = 17 out of 23 = 74%.

takers on whether they thought parents should maintain contact with their children. As Tables 6:79 and 6:80 show, there was considerable agreement between the two parties concerned. On an encouragement/dis-couragement dichotomy, it can be seen from Table 6:79 that, in 81.4% of placements, there was agreement between mothers and caretakers and from Table 6:80 that in 74% of placements there was agreement between fathers and caretakers. Where caretakers said that it was in the interests of children to maintain contact with their parents, an attitude of encouragement had generally been perceived by parents.

There were eight cases where there was disagreement between mothers and caretakers. In five of these cases, mothers felt that caretakers had expressed encouragement tinged with some ambivalence. Their perceptions were fairly accurate since, although caretakers were generally discouraging they did have some doubts and in only one case had caretakers expressed pronounced antipathy towards the mother concerned. In the remaining three cases, caretakers showed a little evidence of hostility yet discouragement had been perceived by natural mothers.

The pattern was similar for fathers. There were four cases where fathers had perceived encouragement tinged with ambivalence. In three of these cases, the attitude of caretakers was discouraging but in only one case were caretakers certain that parents should not maintain contact. As with mothers, there were a minority of cases where, although caretakers showed little evidence of hostility, in the two fathers' opinion, a negative attitude had been displayed.

On the whole, it can be concluded that the perceptions of both sides were well matched and therefore represented the reality situation. The small number of cases which exhibited differences in opinion can only lead to tentative conclusions. It may well have been that parents who perceived a discouraging attitude from caretakers were influenced by their own feelings of failure about their children's reception into care. There were, however, more cases where caretakers' attitudes were discouraging but parents had been prepared to give them the benefit of the doubt. This would suggest that on the whole, natural parents in the study were able

to differentiate between their own feelings of guilt and the reality situation with which they were presented.

Factors influencing parents' perceptions of the attitudes of caretakers towards them

There were several factors which contributed to parents' perceptions of the attitude of caretakers towards them. Some were related exclusively to children's homes, some exclusively to foster homes and others to both types of care. First impressions were lasting and were an integral part of a parent's separation experiences. The reception a parent had been given on his first visit to a foster home or a children's home was often the one he remembered for a long time. An unfriendly bleak atmosphere in a children's home, thoughtlessness or indifference on the part of caretakers and an adherence to a rigid routine on admission to care were received with shame and anger by natural parents. On the other hand, attention to detail and an individual welcome for each family, some recognition of families' needs at this time and a display of ordinary common sense humanity did much to encourage parents that their part in the caring process was valued. Some first impressions have already been included in Chapter 5 to illustrate the experience of reception into care. The following comments give a further illustration of the importance of caretakers' attitudes at this early stage in the caring process.

Positive experiences

A mother: I didn't know what I'd expected, but the place was a big house. That put me right straight away. Everything was new and clean and tidy. They made me feel they would do the best for my bairns. I was very grateful for that.

A mother: Mrs. McDonald came to the door in her curlers and said she'd just washed her hair. That put me right straight away. There was no show, no pretence, ye ken. We had to take them as we found them and I suppose they felt the same about us.

A father: I wasna' worried so much about the place, but the people. It's a terrible thing to have others looking after your bairns. Mr. McNabb told me that he'd been a bairn in a foster home himself so he knew what it was like. He said he'd wanted to see his Dad that much and he was sure that Ian would want to see me the same way. He didna' have to say much, he seemed to know how I was feeling. The big thing was he didna' make me feel ashamed. We got on just great after that.

Other examples of positive encouragement ranged from an involvement of parents in discussing children's needs, ensuring parents had correct information on how to telephone or reach caretakers' homes and in general, establishing an acceptable pattern of contact. When a definite time for a second visit had been fixed at the first, this provided positive reassurance for parents that caretakers were wanting them to return. In all cases, deliberate acts of thoughtfulness however small, were very much appreciated.

Negative impressions

The experience of reception into care made natural parents in the study very vulnerable with the result that sometimes they were over-sensitive to the reception they received on a first visit to caretakers' homes. Some parents were so insecure that small gestures of thoughtlessness were interpreted as direct hostility. Parents reacted in different ways; there was no one type of discouragement which was particularly prevalent. Their comments illustrate some of their experiences.

A father: The night before the bairns went away, I took their clothes to the launderette and washed them. When I came back I ironed them and put them all in separate bundles so as to help the home. When we got there, they just opened the case and tipped out all the clothes into one box. I was that angry that I couldna' say anything because of the bairns. It was a wee while before I could face going back again.

A mother: We had come such a long way and they didn't even offer us a cup of tea when we got there. It was like - well now we've got the bairns we don't want you any more.

A mother: It was like going to see someone in hospital. There was this long, dark hall. It was awfie dark. I remember you had to sit on this bench. We seemed to be there for a long time before anyone came. The bairns kept asking me what was going to happen. I couldna' tell them. I think it was the most terrible experience of my life. If I'd have had the courage I should have turned round and walked out with them, there and then. It must have been about half an hour then the social worker came back with the Matron. She was a queer-like old fashioned person, she told me that there was only visiting on Saturday afternoons. She said I wasn't to ring up except if it was an emergency. If I didn't come then I should let her know because it would upset the bairns. I did go back to see them but I couldn' bear to go every week. I was that ashamed they were in a place like that.

It has already been shown that the study parents found more difficulty in maintaining contact with children in foster homes. Mothers found confrontation with foster parents particularly threatening to their esteem and contact between parents and foster homes declined more than contact between parents and children's homes. In order to test out how far the attitude of caretakers contributed to this decline, the perceived attitude of foster parents and houseparents towards parents were compared. As Table 6:81 shows there was a very significant difference

Table 6:81 Parents' perception of caretakers' attitude to contact between parents and children with type of placement - all parents interviewed 82

	Foster homes		Children's homes	
	No.	%	No.	%
Strongly encourage contact	5	17.2	25	47.2
Encourage with reservations	6	20.8	13	24.5
Discourage with reservations	9	31.0	10	18.9
Strongly discourage	7	24.1	1	1.9
Don't know	2	6.9	4	7.5
Totals	29	100	53	100

$$\chi^2 = 31.67 \text{ d.f.} = 4 \text{ } P = < 0.001$$

Table 6:82 Mothers' perception of caretakers' attitude to contact between mothers and children with type of placement - mothers interview sample 55

	Foster homes		Children's homes	
	No.	%	No.	%
Strongly encourage contact	3	14.3	16	47.1
Encourage with reservations	4	19.0	7	20.6
Discourage with reservations	6	28.6	8	23.5
Strongly discourage	7	33.4	-	-
Don't know	1	4.8	3	8.8
Totals	21	100	34	100

$$\chi^2 = 15.81 \text{ d.f.} = 4 \text{ } P = < 0.05$$

Table 6:83 Fathers' perception of caretakers' attitude to contact between parent and child with type of placement - fathers interview sample 27

	Foster homes		Children's homes	
	No.	%	No.	%
Strongly encourage contact	2	25.0	9	47.4
Encourage with reservations	2	25.0	6	31.5
Discourage with reservations	3	37.5	2	10.5
Strongly discourage	-	-	1	5.3
Don't know	1	12.5	1	5.3
Totals	8	100	19	100

$$\chi^2 = 3.80 \text{ d.f.} = 4 \text{ } P = < 0.50 \text{ not significant}$$

between the attitudes of house-parents and foster parents towards all the parents interviewed. ($\chi^2 = 31.67$ d.f. = 4 $P = < 0.001$) Differences were still significant for mothers at the 0.05 level but were not significant for fathers.

It can be seen from the tables that mothers received far less encouragement from foster parents than fathers. 33.3% of mothers felt they had been encouraged to maintain contact with children in foster homes compared with 50.0% of fathers. These findings would tend to confirm that in general the study fathers had received more encouragement to maintain contact than the study mothers. This may be related to several factors. Firstly, the study fathers were an atypical group who maintained far more contact than fathers in the total group. Secondly, the greater potential conflict inherent in the relationship between mother and foster parents may have contributed to greater discouragement.

From parents' comments, it was evident that the discouragement from children's homes took a different form from that in foster homes. The attitude of children's homes was reflected more by the bleakness of the surroundings or the rigidity of an institutional regime while discouragement from foster parents was far more personalized. In the cases of three mothers and two fathers, foster parents had asked that contact be discontinued in order to protect the children from distress. One mother, for example, said:

Mrs. Patterson told me that Maxine was only upset when I visited and said she thought it would be best if I didn't come back until she had settled. At the time I wasn't sure about this but I

thought it would be for the best.

Another mother said:

They told me straight I had to make up my mind whether I wanted her back or not. If I was going to leave her they said I shouldn't visit any more because it was upsetting her. I didn't like it but I had to agree with them.

In neither of these cases had there been any social work intervention to discover why parents had stopped visiting.

The wish to protect children from distress was not confined exclusively to foster homes and in one case a mother had been given a similar request from residential staff.

Discouragement in other forms was, however, related exclusively to foster homes. Some foster parents were always 'going out' when parents wanted to visit. Others placed limitations on visiting times so that they did not coincide with parents' domestic arrangements or made decisions without consulting natural parents, for example, by making noticeable changes to children's hair styles or by discarding what they considered were unsuitable toys and clothes. Such gestures were invariably interpreted by natural parents as hostility, and in some cases, had deterred them from continuing contact. The following examples illustrate some of the incidents.

A mother: I sent lots of clothes with her but Mandy told me that Mrs. Urquhart threw them away. I don't know why she did that, because they were perfectly good. She makes me feel as if my things aren't good enough.

A mother: When I went one day Mrs. Monroe said 'How do you like Kirstie's new hair style.' I was horrified, all her lovely long hair had been cut off. I was that angry and said so. Mrs. Monroe said that it was difficult to keep the hair clean and that was why

she'd had it cut. We had a row about it and I didn't go back again.

A father: It never seemed to be the right time when I went to see the bairns. They were always about to go out. They knew I could only come on Sundays but that was never convenient. They made me feel I wasn't wanted. I made sure I went but I couldn't go as often as I'd have liked. I don't suppose it was deliberate but they made things difficult just the same.

Summary and conclusions

Social work theory places considerable importance on the maintenance of contact between parents and children in care, both as an end in itself to promote the wellbeing of families and as a major factor facilitating rehabilitation. Both these assumptions in relation to the part played by natural parents in the caring process have been confirmed in this study. On the one hand, contact provided reassurance for parents and on the other, frequent parental contact, and in particular that between mothers and children indicated strongly for return. The significance of contact between mothers and children endorses the findings of Chapter 4, that the absence of the mother both at reception into care and at the time of the study was a factor which indicated very strongly against return from care.

Although children retained a place in their parents' thoughts, even after an absence of several years, the decline in contact began fairly early in the placement, and occurred substantially after a child had been in care for two years. In spite of this decline, to some extent the pattern of contact was set by the reason for children's admission into care. Reasons most propitious to contact were homelessness, child abuse and unsatisfactory home conditions while those most unfavourable were 'mother in desertion' and 'child

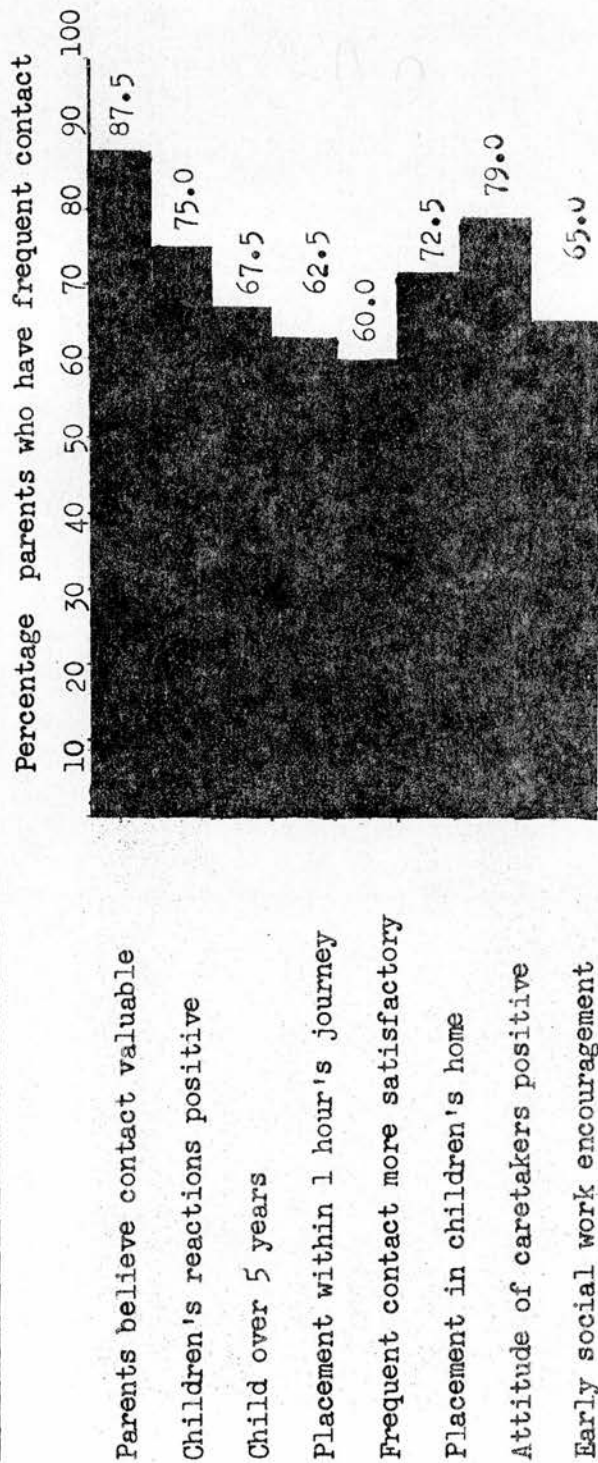
illegitimate, mother unable to provide'.

Apart from the influence of time and reason for care, there were other factors which facilitated contact. Table 6:84 summarises the affect of these factors in the form of a histogram. It can be seen from the Table that parents' own motivation for contact was of considerable influence on the frequency with which they saw their children. The arguments used by parents for maintaining contact were that it reassured children that they had not been deserted and parents that they had retained their children's affection; it also motivated parents to work towards rehabilitation and reminded caretakers that their role was of a temporary nature. The argument given against the maintenance of contact was that it distressed children and caretakers.

There was evidence to suggest that the maintenance of frequent contact was far more successful for all concerned than contact that was spasmodic or infrequent. This was partly due to children's reactions. Where children saw their parents frequently they were more likely to greet them positively, whereas an infrequent visit brought a more negative or indifferent reaction. The negative reaction of children to mothers was more marked and more effective in discouraging contact. The implications of this finding are that social workers may need to take more cognisance of the greater vulnerability of mothers to their children's negative reactions.

Children who were placed over the age of five were far more likely to retain contact with their parents than those who were placed at a younger age. This was partly accounted for by the

Table 6:84 Summary of factors contributing to frequent contact between parents and children - all parents interviewed



reasons for care where illegitimate children retained few links with their putative fathers. It may also be related to children's reactions, since a younger child may be more likely to become detached from his parents and display negative or indifferent reaction towards them than an older child who has more understanding of the placement. The age at which children are placed would seem to be a particularly important factor to be taken into account when patterns of contact are being determined. The younger child may need far more frequent visits from his parents in order to retain his relationship with them, but children of all ages may find it difficult to renew a meaningful relationship with their parents once contact has been lost.

Along with these factors there were others related to the placement which facilitated or inhibited contact. The first of these was the distance at which children were placed from their parents' homes. In Chapter 4 it was shown that many of the study families were living in material poverty. It is hardly surprising therefore, that many were also dependent on public transport. Maintaining contact with children over the long distances was both arduous and expensive, particularly where children from the same family were placed in several different homes. A placement within one hour's journey of the parents' home had a significant effect on the frequency of contact maintained with children.

Although travelling expenses or lifts from social workers could have eased the financial problem to some extent, parents felt that this type of support represented further erosion of their parental rights. Although in one or two cases, the provision of

transport early in the placement would help to establish patterns of contact, for the most part, parents preferred to arrange meetings with children directly with the caretakers and saw the social workers' presence as intrusive, or even threatening.

One way in which the financial burden might have been eased without the accompanying stigma or threat that the social worker's presence caused, would have been through the use of volunteers.

Apart from factors associated with travelling, the type of placement itself influenced the frequency of contact. Mothers found it distinctly easier to maintain consistent contact with children's homes than foster homes, but this fact did not affect fathers to the same extent. In general, foster homes presented a more direct threat to parents whereas the lower standards afforded by children's homes were more acceptable and did not evoke direct comparisons with parents' own homes. Attitudes of caretakers contributed to the general acceptability of the placement. Positive attitudes in children's homes were shown by a homely atmosphere and individual attention, while in foster homes, gestures which confirmed the natural parents' role, such as their inclusion in decisions about changes in children's appearance were welcomed. By contrast, attempts to curtail visiting times or make decisions about children's appearance or belongings in parents' absence evoked anger or insecurity.

Finally, an important element in establishing patterns of parental contact early in the placement was encouragement offered by social workers. The significance of the timing of social work activity confirms the findings of the previous chapter: that reception into care may leave some parents feeling insecure and un-

certain of the part they can continue to play in their children's lives. In view of the materially deprived circumstances in which many of the study parents were living before admission to care, it is hardly surprising that some lacked the mental and physical energy to maintain contact with their children. Furthermore, the position of material dependence in which some parents had found themselves was hardly likely to foster an aura of initiative and assertion.

The implications of this for practice are that social workers may have to distinguish very carefully between parents who are capable of maintaining contact with their children independently and who would consequently resent social work activity and those whose life-style before reception into care has not equipped them for such initiative. This latter group may be those who need considerable encouragement lest their vulnerability steals them away from their children for good.